MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19630

1. PLACE OF DEATH
County Jackson — Registration District No. 3 8 9 — File No. 2440
Township Kaw — Primary Registration District No. 1 0 0 2 — Registered No. 2440
City Kansas City (No. 115 South Jackson St. .... Ward)

2. FULL NAME Annie L. Baskin
(a) Residence, No. 115 South Jackson St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
43	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher in High
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School 21
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Bend Missouri 1

FATHER
13. NAME Edward T. Baskin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER
15. MAIDEN NAME Minnie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

17. INFORMANT Mrs E. T. Baskin
(ADDRESS) 115 South Jackson

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Marshall, Mo DATE 6-2 1932

19. UNDERTAKER Stine McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 6/20 1932 M. M. Crowe
Asst Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to June 18 1932
I last saw her alive on June 18, 1932. Death is said to have occurred on the date stated above, at P. m. 10.
The principal cause of death and related causes of importance were as follows: — Date of onset

General Carcinomatosis
of 1½ yrs duration

50
53E ② 50

Other contributory causes of importance:
Sarcoma of breast 13
yrs ago

0
Name of operation none recent Date of ....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Harry L. Jones, M. D.
(Address) Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD