

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

Do not use this space.

22562

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318  
 Township N. Campbell Primary Registration District No. 5439  
 City Springfield (No. R #11) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 509  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Basore  
 (a) Residence, No. RFD # 11 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Knice Basore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1876  
 7. AGE YEARS 56 MONTHS 1 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 73  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura 2

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Wm Basore  
 (ADDRESS) RFD # 11 Spgd mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE July 20, 1932

19. UNDERTAKER J. H. Klinger & Co  
 (ADDRESS) 424 E. Court St. Spgd mo.

20. FILED 7-19-1932 Resper Bangston  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1932  
 I HEREBY CERTIFY that I attended deceased from Oct 24, 1931 to July 18, 1932  
 I last saw him alive on July 18, 1932 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

Opacification of Liver  
46 to 50  
 Other contributory causes of importance:  
hypertrophy of about 2 months ①

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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) W Kelly M. D.  
 (Address) Springfield Mo

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

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.

AUG 23 1932

