

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

Do not use this space.

25963

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 1080 n. Clay)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 607
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Wichita Falls Texas
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis N. Bassett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17-1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>8</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>at home 35</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>	
	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) <u>Ohio 2</u>		
FATHER	13. NAME <u>Joseph Murray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 21</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Lewis N. Bassett Wichita Falls Texas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City Mo</u> DATE <u>Aug 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Ungrey 200 Springfield Mo</u>		
20. FILED <u>8-29-1932</u> <u>Ralph W. Langford</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Aug 27, 1932.
I last saw her or alive on Aug. 27, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Aug 26

Other contributory causes of importance: 9419 94B 1

Name of operation none 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) F. B. Camp, M. D.
(Address) Springfield

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.

SEP 22 1932

