

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kau
City K.C. Mo.

Registration District No. 889Primary Registration District No. 1000File No. 29322Registered No. 3496

(No. Wheatley President Wheatley St. Ward)

2. FULL NAME

(a) Residence, No. 1323 Euclid Ave St. 2 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1886</u>		
7. AGE YEARS <u>45</u> MONTHS <u>11</u> DAYS <u>2</u> If LESS than 1 day, ... hrs or min		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Train Porter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Santa Fe</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept 14 - 1932</u>

11. Total time (years) spent in this occupation <u>2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grenada Miss</u>

13. NAME <u>Willie Baskerville</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

15. MAIDEN NAME <u>Don't know</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

17. INFORMANT <u>Ella Baskerville (widow)</u>

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>1323 Euclid Ave</u>
--

19. UNDERTAKER <u>Wheatley</u> <u>Greenstreet</u>

20. FILED <u>9/16</u> 19 <u>32</u> <u>M. M. Crowe</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1932</u>

22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 12th</u> 19 <u>32</u> to <u>Sept 18th</u> 19 <u>32</u>
--

23. I last saw him alive on <u>Sept 14th</u> 19 <u>32</u> Death is said to have occurred on the date stated above, at <u>3:45</u> p.m.
--

24. The principal cause of death and related causes of importance were as follows: <u>Acute - Suppression of Urine</u> <u>Renal Toxemia</u> <u>Chronic Interstitial Nephritis</u>
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 - 193222. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1932 to Sept 18th 1932I last saw him alive on Sept 14th 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed) Eugene P. Perry, M. D.(Address) 1716 E 12th St. Mo.

