

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

Do not use this space.

38510

**1. PLACE OF DEATH**

County *Richmond*

Registration District No. *85*

Township *St. Joseph Mo*

Primary Registration District No. *1001*

City *St. Joseph Mo*

St. *State Hospital #2*

File No. \_\_\_\_\_

Registered No. *1227*

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *1501 68th St. N.C. Mo.*

(Usual place of abode)

Ward \_\_\_\_\_

(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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *About 1887*

7. AGE YEARS *45* MONTHS *unknown* DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lawyer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

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) *Perry Mo 1*

13. NAME *Jesse M. Bastett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Edith Gregg*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *State Hospital Records St. Joseph Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Madonia, Mo.* DATE *Dec 15, 1932*

19. UNDERTAKER (ADDRESS) *Heaman Funeral Home St. Joseph, Mo*

20. FILED *DEC 15 1932* *John R. Bender* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 14, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 18, 1929* to *Dec 14, 1932*

I last saw him alive on *Dec 14, 1932* Death is said

to have occurred on the date stated above, at *8:45* a.m.

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

*Broncho Pneumonia*

Date of onset

*HA*

*Dec 11 1932*

*107A*

Other contributory causes of importance: *Influenza*

*Dec 8 1932*

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? *no* Was there an autopsy? *no*

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

Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? *none* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed) *R. H. Miles* \_\_\_\_\_, M. D.

(Address) *St. Joseph, Mo*

MARGIN RESERVED FOR DIPPING

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.

JAN 21 1933

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5-11-1918