

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

Do not use this space.

5407

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. St. Johns Hosp) St. _____ Ward _____

2. FULL NAME

David H. Bassett
 (a) Residence, No. Pacine Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1867
 7. AGE YEARS 65 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grise Railroad
 10. Date deceased last worked at this occupation (month and year) 13th Nov. 1933 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthoxton Ky.

13. NAME David Kirby Bassett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana, Ky.

15. MAIDEN NAME Sarah Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana, Ky.

17. INFORMANT Juliet Bassett
 (ADDRESS) 1119 So Elm, Sapulpa, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washes, Mo. DATE Feb. 23, 1933

19. UNDERTAKER (ADDRESS) J. C. Higgins, St. Mo.

20. FILED 2-21-33 Ralph Langston Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1933 to Feb. 28, 1933
 I last saw him alive on Feb. 21, 1933 Death is said to have occurred on the date stated above, at 12 A. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia R
108
9.5.33
108
 Other contributory causes of importance: Cardiac Decompensation 9-10-33

Name of operation _____ Date of _____
 What test confirmed diagnosis? CPK, etc. 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) P. M. Kenny, M. D.
 (Address) 913 N. Main Springfield 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.

39
3
5

✓

96

2

2

2

WHITE CARDS, WITH CONTINUING INK—THIS IS A PERMANENT RECORD FOR 28 1933

