

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.

THIS IS A PERMANENT RECORD

NOV 10 1933

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

Do not use this space.

33180

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Scout Primary Registration District No. \_\_\_\_\_  
City J. C. Mo (No. 4) Mercy Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4115 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jewel Darlene Bashor  
(a) Residence, No. 3407 E 7th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 2 11

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

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) Kansas

13. NAME Fred Bly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

15. MAIDEN NAME Belle Bashor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Council Bluffs Kansas

17. INFORMANT (ADDRESS) Mrs Belle Bashor  
3407 E 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 20, 1933

19. UNDERTAKER (ADDRESS) Rose A Henderson  
3407 E 7th

20. FILED 10-19-33 mmbrour Asst Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/16/33 to 10/18/33  
I last saw her alive on 10/17/33. Death is said to have occurred on the date stated above, at 9:55 p.m.

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

Operation for Cleft Palate  
died 48 hours later  
1570

Other contributory causes of importance: Alkalosis

Name of operation Repair of cleft Palate Date of 10/12/33  
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? No 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 No  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Earle Radgett M. D.  
(Address) 1316 Professional Bldg  
J. C. Mo

724522  
Eugene Rodgett