

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

Do not use this space.

17593

File No. 17
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH

76 County De Witt
Township Washington
City _____ (No. _____)

Registration District No. 1124
Primary Registration District No. 5851

2. FULL NAME Anna Basser

(a) Residence, No. Frederick Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Basser Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17 Feb 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 12

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

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) New Braunfels Texas

13. NAME Paul Herman Basser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaretta Hermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo Basser (ADDRESS) Frederick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick Colfax DATE May 31 1934

19. UNDERTAKER Neighbors of deceased (ADDRESS) Frederick Mo

20. FILED 6-10- 1934 Wm D. Bueckler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1934

I HEREBY CERTIFY That I attended deceased from Jan 1 1933 to May 29 1934

I last saw her alive on May 27 1934 Death is said to have occurred on the date stated above, at 8:30 pm

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

Carcinoma of Uterus following H. B. operation Date of onset Nov 1923

Other contributory causes of importance: 4/6

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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 _____, 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? _____ If so, specify _____

(Signed) Geo. F. Basser, M. D.
(Address) Frederick 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.

JUN 25 1934

17593

Orange

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Anna Baeuer

Who died at _____ on May 29 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 73 Months 10 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Carcinoma liver following

Birthplace of father (State or country) W. Va. operation

Birthplace of mother (State or country) W. Va. Hall 13 leader

Principal cause of death: after opening abdomen - Carcinoma of liver or gall bladder - Abdomen opened - Gall B. opened and drained - Carcinoma of liver found

Other contributory causes of importance cancer death

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Joseph G. Baeuerlein M.D.

Address of physician Freeburg Mo

X Signature of Registrar _____ Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaughlin
S. C.

Reg. Dist. No. 1184
Primary Reg. Dist. No. 5851

Special Agent.

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