

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

Do not use this space.

OCT 17 1934

32765

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kato Primary Registration District No. 173
 City Kansas City (No. St. Joseph's Hospital St. Ward)

File No.
 Registered No. 4101

2. FULL NAME George F. Bastman

(a) Residence, No. 4021 Holmes St. Ward.
 (Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Elizabeth Bastman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11, 1860</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1934
 22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Sept. 5, 1934
 I last saw him alive on Sept. 5, 1934. Death is said to have occurred on the date stated above, at m.

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

carcinoma of the kidney Date of onset
57A
133A
57
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER FATHER 13. NAME Alf Bastman

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

15. MAIDEN NAME Rosie Barsughia

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

17. INFORMANT Mrs. Elizabeth Bastman (ADDRESS) 4021 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept 7, 1934

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED 9/6 1934 M. M. Crowe Registrar.

Name of operation nephrectomy Date of Sept. 5
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Robert S. Walsh, M. D.
 (Address) 835 Rianda Bldg.

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.

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