

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

Do not use this space.

OCT 17 1934

32889

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blue Ridge Secondary Registration District No. 1002
 City Kansas City, Mo. (No. Reeds 13 Hosp.) St. Mo. Ward

File No. 4226
 Registered No. 4226
 St. Ward

2. FULL NAME

(a) Residence, No. Maggie Baskin St. Ward
 (Usual place of abode) 1308 Lydia Ave

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>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27, 1902</u>		
7. AGE	YEARS	MONTHS
<u>32</u>	<u>32</u>	<u>6</u>
		12. DAYS
		<u>12</u>
		11. LESS than 1 day, hrs. or min.
		<u></u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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
	<u>House work</u>

12. BIRTHPLACE (CITY OR TOWN) Tulsa Okla.
 (STATE OR COUNTRY)

13. NAME Henry Baskin

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

15. MAIDEN NAME Georgia Tucker

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

17. INFORMANT Kansas City T. B. Hospital
 (ADDRESS) Reeds Mo.

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge DATE 9/18/34
 PLACE Blue Ridge

19. UNDERTAKER W. A. Atkins Bros
 (ADDRESS) 1229 Ky Ave

20. FILED 9/17/34 M. M. (Kerone) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1934 to September 9, 1934
 I last saw her alive on September 9, 1934. Death is said to have occurred on the date stated above, at 4:45 PM.

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

Pulmonary Tuberculosis
T. A.

23A. Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Sputum 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) J. S. Jaffman M. D.
 (Address) K. C. The San. Reeds Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

