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.

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

NOV 22 1934

Do not use this space.

37064

File No. 35

Registered No.

1. PLACE OF DEATH

County Randolph

Township ~~Fontenau~~

City Higbee No. (No. , St. Ward)

Registration District No. 732

Primary Registration District No. 4437

2. FULL NAME Zadie Baskett

(a) Residence, No. 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: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont Know

7. AGE: About 95 — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Howard Co. Mo.

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Dont Know~~

17. INFORMANT: Purle Walker
(ADDRESS): Higbee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Col Cem Higbee DATE: ~~Nov 3 1934~~

19. UNDERTAKER: Burton & Lambier
(ADDRESS): Higbee Mo.

20. FILED Nov 1 1934 J. W. Wren Registrar.
By Martha Rice

4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Oct. 31, 1934

I last saw him alive on October 30, 1934. Death is said to have occurred on the date stated above, at 3:30 A m.

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

	Date of onset
Organic Heart Disease (Mitral Insufficiency)	1-1-34
97A	
97A Dropsy	
Other contributory causes of importance: Rheumatism	Nov 1 1933

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) C. F. Burkhalter, M. D.

(Address) Higbee Mo.