

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.

DEC 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Anderson
City (No. St. Ward)

Registration District No. 518
Primary Registration District No. 5688

File No. 39998
Registered No.

2. FULL NAME

Mary Ellen Bashford
(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>W</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>E. H. Bashford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Indiana</u>		
FATHER	13. NAME <u>John Pawell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>E. H. Bashford</u> (ADDRESS) <u>Anderson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waver</u> DATE <u>19</u>		
19. UNDERTAKER <u>Geo. Tatum</u> (ADDRESS) <u>Anderson Mo.</u>		
20. FILED <u>Dec. 6 1934</u> <u>Mrs. Lee Harper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 8 1934 to Nov 12 1934
I last saw her alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of</u>	Date of onset
<u>Nervus</u>	<u>not known</u>

Other contributory causes of importance:
4/8/48

Name of operation None Date of None
What test confirmed diagnosis? None 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? no
If so, specify
(Signed) J. B. Burck M. D.
(Address) Anderson Mo.

