

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

Do not use this space.

MAR 26 1935

5163

1. PLACE OF DEATH

County Howard.

Registration District No. 378

File No. 6

Township Richmond.

Primary Registration District No. 5526

Registered No. 6

City Richmond.

(No.)

St.

Ward

2. FULL NAME Mary Smith Basket.

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

(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)

Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Sebree Basket.

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

3/15 '86 I

7. AGE

YEARS

73

MONTHS

10

DAYS

22

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

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)

Missouri

FATHER

13. NAME

Jason W. Smith

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

Kentucky

MOTHER

15. MAIDEN NAME

Sarah A. Todd.

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

Missouri.

17. INFORMANT
(ADDRESS)

Mrs Robert Basket.
Fayette. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE

City Cemetery.

DATE 2/19th 1935

19. UNDERTAKER
(ADDRESS)

Guy T. Halley
Fayette. Mo.

20. FILED 2-10-

1935

2-2

Bonham

U. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7th 1935 . 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec 8, 1934, to 2-7, 1935

I last saw her alive on 2-7, 1935. Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Chronic Endocarditis Date of onset 1932

Other contributory causes of importance:

Acute cardiac decompensation 2-2-35

Name of operation none Date of

What test confirmed diagnosis? Phys. finding 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) M. J. Shaw

(Address) Fayette, Mo.

, M. D.

