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

Do not use this space.

7974

APR 2 1935

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township Salt River — Primary Registration District No. 3002
City Mexico (No. ..... St. ..... Ward) — File No. ..... Registered No. 38

2. FULL NAME Georgia Bassett

(a) Residence, No. Mexico Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	married

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

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

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about 49	X	X	

OCCUPATION

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

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) St Charles, Mo

FATHER

13. NAME James Pringle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

MOTHER

15. MAIDEN NAME Ida Pringle = Nee Pringle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT (ADDRESS) Mrs Russell St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Mexico Mo DATE 3/6/35 19

19. UNDERTAKER (ADDRESS) A.S. Reynolds Mexico Missouri

20. FILED Mar 6 1935 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1935, to 3-2- 1935

I last saw h.. alive on 3-2- 1935. Death is said to have occurred on the date stated above, at 8 A m.

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

Pernicious Anemia — Date of onset

Other contributory causes of importance: Cardiac Degeneration

Name of operation ..... Date of 3-1-35

What test confirmed diagnosis? Blood 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) N. J. Eaton, M. D.

(Address) Mexico, Mo.

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.

100M-11-24-33