

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.

APR 22 1935

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

Do not use this space.

9836

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 2679
City Hannibal (No. 814 Bird)

File No.
Registered No. 88
St. 2 Ward)

2. FULL NAME

(a) Residence, No. 814 Bird St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Maria Bassen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 - 1850</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>1</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Shoe Merchant</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) Germany

MOTHER FATHER

13. NAME John H. Bassen

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

15. MAIDEN NAME Ann Bassen

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

17. INFORMANT (ADDRESS) Roy Kelly, No. 1001

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Meriside Cem. DATE 3/22 - 1935

19. UNDERTAKER (ADDRESS) Roy Kelly, No. 1001

20. FILED 3/21 1935 R. H. Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Nov 19, 1935.
I last saw him alive on Nov 19, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
1/2
Other contributory causes of importance:
Influenza & Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) A. J. Blue, M. D.
(Address) Hannibal Mo.

