

APR 22 1935

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

Do not use this space.

9985

1. PLACE OF DEATH

County NewtonRegistration District No. 608

File No.

Township FranklinPrimary Registration District No. 5-807Registered No. 9City Stark City, Mo.

St. Ward)

2. FULL NAME

Sarah Ella Bashort(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac H. Bashort6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 19

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

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) Ohio13. NAME Noah Hookathome14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Grasenichle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton
(Germans Parents)17. INFORMANT Mr Gus Mergle
(ADDRESS) Fairview Mo18. BURIAL, CREMATION, OR REMOVAL Denial
PLACE Fairview Mo DATE19. UNDERTAKER Geo E Bradley
(ADDRESS) Fairview Mo20. FILED 4-1 1935 Ada Collins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1935I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to Mar 14, 1935

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 5 P m.

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

Chronic Nephritis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) H. A. Russell, M. D.(Address) Fairview Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

