DEC 18 1935

Dr A Lasoy

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

Do not use this space.

35800

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 1348 N Sexton St. Ward)

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 694

2. FULL NAME Perry Clayton Basham

(a) Residence, No. 1348 N Sexton St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martina Basham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1855

7. AGE YEARS 80 MONTHS 0 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 P. C. Basham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ed Basham Springfield Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Bell Mo DATE Nov 23 1930

19. UNDERTAKER (ADDRESS) Herman L Ohmeyer Springfield Mo

20. FILED 11-23 1935 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Nov 21, 1935
I last saw him alive on Nov 21, 1935 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	1 yr
Other contributory causes of importance:	
Arterio-Sclerosis	?
Chr. Myocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) Arthur D. Knabb, M. D.
(Address) 450 1/2 E Commercial

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.