

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.

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1426
279

1. PLACE OF DEATH

County Jackson
 Township Kan
 City Kansas City (No. 2001, Indip ave)

Registration District No. _____
 Primary Registration District No. _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Paul James Basham
 (a) Residence, No. 2001 Indip ave, apt #92, 17th
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 21 - 1907

7. AGE YEARS 28 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pick dry goods

10. Date deceased last worked at this occupation (month and year) Jan - 1936 11. Total time (years) spent in this occupation 3 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Mo

13. NAME Geo. Williams Basham

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

15. MAIDEN NAME Anna Robinson

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

17. INFORMANT (ADDRESS) Mrs. Mervine Basham
2001 Indip ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Hall DATE Jan - 20 - 1936

19. UNDERTAKER (ADDRESS) Wm. Newcomb's Sons
Kansas City - Mo

20. FILED Jan 18 1936 M. M. Croft, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 17 - 1936

22. I HEREBY CERTIFY that I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 11 a.m.

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

Fracture of the skull. Date of onset _____

Other contributory causes of importance: 169

Name of operation Autopsy 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 suicide Date of injury 1/15/36

Where did injury occur? 2001 Indip ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Jumped out of 3rd floor

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. H. H. M. D.

(Address) Illinois

