

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

Do not use this space.

FEB 19 1936

1730

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. 1)

Registration District No. 411  
Primary Registration District No. 2002

File No. 1730  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Jasper R. D. #1 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1924

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 4 20

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Cad

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

11. 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) Jasper, Mo.

13. NAME Harry A. Basye

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Evelyn Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo

17. INFORMANT (ADDRESS) Harry A. Basye

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Jan. 3 - 1936

19. UNDERTAKER (ADDRESS) Funeral Home Co

20. FILED 1-4 1936 E. D. J. Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-36

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1935, to Jan 3 1936. I first saw him alive on Jan 3 1935. Death is said to have occurred on the date stated above at 2:45 p. m. The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Pneumonia, hemorrhage, ruptured aorta, left chest

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? Accident Date of injury 1-1-36 1936  
Where did injury occur? The room - Jasper (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In his house

Manner of injury Shot  
Nature of injury Penetration left chest

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. J. J. Jones, M. D.  
(Address) J. Collins

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.

SEP 25 1953