

MAR 14 1936

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

Do not use this space.

4894

1. PLACE OF DEATH

County Camden
Township Osa
City Camden (No.)

Registration District No. 117
Primary Registration District No. 5167

File No. 6
Registered No.
St. Ward

2. FULL NAME

Thomas Jefferson Basford

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1853

7. AGE YEARS 82 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.

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. School teacher
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) Ashtland Ohio

13. NAME Geo Washington Basford

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

15. MAIDEN NAME

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

17. INFORMANT Jess Lawrence (ADDRESS) Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lou Cem. DATE Feb 28 1936

19. UNDERTAKER Abbie Wootery (ADDRESS) Camden, Mo

20. FILED Mar 10 1936 Lizzie Helle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 26 - 1936, to Feb 26 - 1936

I last saw him alive on Dec 13, 19 . Death is said to have occurred on the date stated above, at 1 P. m.

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

Obstructive pulmonary disease
Emphysema

Date of onset 86

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Phys. Signs 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? No

If so, specify

(Signed) E. C. Harrison M. D.

(Address) Camden, Mo

