

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

Do not use this space.

5846

649

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kan.

Primary Registration District No.

City Kansas City

(No. 4400, Campbell

File No.

Registered No.

St. Ward

2. FULL NAME

Mrs Hannah Fredricka Bastman

(a) Residence, No. 4400 Campbell St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kunt Theodore Bastman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 87 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 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) Sweden

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT Miss Lillie A. Gibson (ADDRESS) 4400 Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE Feb-10 1936

19. UNDERTAKER H. M. Brown Sons (ADDRESS) Kansas City, Mo

20. FILED 2-5 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-8 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 1934 to Feb 8 1936 Last saw him alive on Jan 5 1936 Death is said

to have occurred on the date stated above, at 7 a.m.

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

Coronary Embolus Date of onset Feb 8

Other contributory causes of importance: 131 Chronic Myocarditis 1930 Chronic Interstitial Nephritis

Name of operation Date of What test confirmed diagnosis? 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) C. J. Cornish M. D. (Address) 2602 East 15th Kansas City, Mo

2600 E-15+WF