

MAR 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lincoln
 Township Elsherry
 City Elsherry (No.)

Registration District No. 486
 Primary Registration District No. 4293

6646

File No.
 Registered No. 3
 St. Ward

2. FULL NAME

(a) Residence, No. Polly Bassnett 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried

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

George Bassnett

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

Jan 5 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81—26

OCCUPATION

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

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

House wife

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

Pike County, Mo

13. NAME

Wm Roberts

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

Kentucky

15. MAIDEN NAME

Rebecca Holbrook

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. C. E. Powell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elsherry, Mo DATE Feb 4, 1936

19. UNDERTAKER (ADDRESS)

Clifton Mills

20. FILED

Mar 18, 1936C. E. Powell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st, 19 3622. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1936, to Jan. 31, 1936I last saw her alive on Jan. 31, 1936 Death is saidto have occurred on the date stated above, at 9 A.M.

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

Cerebral hemorrhageTwo days durationDate of onset Jan 30

Other contributory causes of importance:

Arterio sclerosisTwo or three Yrs Duration

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 Date of injury

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) C. E. Powell, M. D.(Address) Elsherry, Mo.

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.

