

007 23 1936

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

Do not use this space.

35040

1. PLACE OF DEATH

County Monroe Registration District No. 582
Township _____ Primary Registration District No. 4344
City Paris, Missouri (No. _____) St. _____ Ward _____

File No. _____
Registered No. 61

2. FULL NAME

WILLIAM ROBERT BASKETT

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 13, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>11</u>	<u>27</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1-9-35

11. Total time (years) spent in this occupation NH.

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS CO., MO.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME WILLIAM B. BASKETT

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

MOTHER 15. MAIDEN NAME MARY AUSTIN

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

17. INFORMANT N. M. BASKETT
(ADDRESS) ST. LOUIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE 9-12 1936

19. UNDERTAKER Speed & Blakey
(ADDRESS) PARIS, MISSOURI

20. FILED 9-11 1936 H. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 10 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936, to Sept 10, 1936
I last saw him alive on Sept 10, 1936 Death is said to have occurred on the date stated above, at 3:50 P. m.

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

Cardiac hypertrophy with arterio sclerosis Date of onset 1901

Other contributory causes of importance: _____

Name of operation Cholecystectomy Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Yes

If so, specify _____
(Signed) H. C. Payne, M. D.
(Address) PARIS, MISSOURI

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.

