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.

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

NOV 23 1936

Do not use this space.

37139

1. PLACE OF DEATH
County: Cole
Registration District No.: 213
Primary Registration District No.: 3014
File No.:
Registered No.: 271
Township:
City: Jefferson City. (No. , St. Ward)

2. FULL NAME: O. D. Bassett-#46933
(a) Residence, No. Missouri State Penitentiary, St., Jefferson City, Ward. Missouri.
(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: Male
4. COLOR OR RACE: Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1905

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown.
10. Date deceased last worked at this occupation (month and year): Unknown.
11. Total time (years) spent in this occupation: unkn.

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

FATHER
13. NAME: Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT: Mo. State Prison Records
(ADDRESS) J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kirksville, Mo. DATE: 10-5-, 1936

19. UNDERTAKER: Dawson-Tanner Und. Co.,
(ADDRESS) Jefferson City, Missouri.

20. FILED: 10-5-, 1936 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-26-36, 19..., to 10-2-36, 19...
I last saw him alive on October 2, 1936. Death is said to have occurred on the date stated above, at 9:15 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	Unkn

Other contributory causes of importance:
Epilepsy

Name of operation: None. Date of
What test confirmed diagnosis? Blood & Feces 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) [signature], M. D.
(Address) Jefferson City, Missouri.