

FEB 26 1937

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

Do not use this space.

780

1. PLACE OF DEATH

31 County Wasson Registration District No. 252
 4 Township Jamesport Primary Registration District No. 4152
 5 City Jamesport Mo. (No. 1) St. 1 Ward 14

2. FULL NAME Marcell Leonard Bashford

(a) Residence, No. 1 St. 1 Ward 14
 (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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11

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. X
 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) Monroeville Mo.

13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ethel Bashford
 (ADDRESS) Jamesport Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Full Cemetery DATE Feb. 2 1937

19. UNDERTAKER Walter R. Robinson
 (ADDRESS) Jamesport

20. FILED 2-2-1937 Helle Wiles
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, to Jan. 31, 1937.
 I last saw him alive on Jan. 26, 1937. Death is said to have occurred on the date stated above, at 9 A. M.

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

Tuberculosis of Lungs Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physiologic 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) R. L. Thompson, M. D.
 (Address) Jamesport, 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.

