

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

48 County Jackson
 7 Township Pratt
 6 City Wesley (No.)

Registration District No. 400Primary Registration District No. 4235File No. 6674Registered No. 18

St. Ward)

2. FULL NAME

(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 25 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Basin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27

7. AGE

YEARS abt 87MONTHS 10DAYS 28

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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) 1-23-3711. Total time (years) spent in this occupation all12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.13. NAME Robert Basin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Bertha Basin18. BURIAL, CREMATION, OR REMOVAL Buried in Jackson DATE 193719. UNDERTAKER (ADDRESS) W. B. Langford20. FILED Jan 24 1937William T. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-193722. I HEREBY CERTIFY, That I attended deceased from 1-23-1937 to 1-23-1937I last saw him alive on 1-23-1937. Death is saidto have occurred on the date stated above, at 2:30 p.m.

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

Pneumonia (lobar)
left lungDate of onset 1-20-37

Other contributory causes of importance:

Chronic Myocarditis1930

Name of operation..... Date of.....

What test confirmed diagnosis clinical Was there an autopsy? No23. 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) W. B. Langford M. D.(Address) Lee's Summit 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.

