

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township UNIVERSITY City Primary Registration District No. 4470
 City UNIVERSITY City (No. 6834 WATERMAN) St. _____ Ward _____
 File No. 13650
 Registered No. 23

2. FULL NAME MARGARET BASSETT
 (a) Residence, No. 6834 WATERMAN 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 4 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>9</u>	<u>15</u>	

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. AT HOME.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Province of Quebec
(STATE OR COUNTRY) Canada

FATHER

13. NAME WILLIAM MCGONIGLE

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

MOTHER

15. MAIDEN NAME NORA BURNS

16. BIRTHPLACE (CITY OR TOWN) COUNTY CLAIR
(STATE OR COUNTRY) IRELAND

17. INFORMANT B. F. CONNOLLY
(ADDRESS) 5560 GATES

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE CEM. DATE FEB. 22nd. 1937

19. UNDERTAKER W. Lupton & Son
(ADDRESS) 4449 Olive

20. FILED Feb 20, 1937 Lea V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) FEB. 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19 1937 to July 19 1937
 I last saw him alive on July 19 1937 Death is said to have occurred on the date stated above, at 4:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis July 19, 37
Chronic Interstitial Nephritis
 Date of onset ?

Other contributory causes of importance:
Chronic Interstitial Nephritis
?
?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic 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) W. Lupton & Son M. D.
 (Address) 4449 Olive St. St. Louis 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.

JEF-7675
AM
11-3 P.M.

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