

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

Do not use this space.

15273

1819

**MAY 15 1937**

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_  
 Township Law Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 1839 Jarboe) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marguerite Basy  
 (a) Residence, No. 1839 Jarboe St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Col 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) Mar. 12, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>1</u>	<u>1</u>	

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

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

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) Kansas City Mo.

13. NAME John Basy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan Co. Mo.

15. MAIDEN NAME Mary Locke

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

17. INFORMANT Robert Basy  
 (ADDRESS) 1901 6 9th

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Maple Hill DATE 4/16 1937

19. UNDERTAKER Statkine Bros  
 (ADDRESS) 17 2 1/2 Lydia

20. FILED 4-17-37 1937 McNamee and  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1937 to April 13 1937  
 I last saw him alive on April 12 1937 Death is said to have occurred on the date stated above, at 3:15 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia 9, 131 Date of onset \_\_\_\_\_  
23  
 Other contributory causes of importance: Pneumonia 9, 131

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? no 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) J. W. C. Williams, M. D.  
 (Address) West 23rd St. B. C. 110

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.

