

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Prairie
City St. Louis

Registration District No. 24
Primary Registration District No. 5033

File No. 15579
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George Washington Bassinger

(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 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19-1864

7. AGE YEARS 72 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer, own

10. Date deceased last worked at this occupation (month and year) April 10 1937 11. Total time (years) All spent in this occupation his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co., Mo.

13. NAME Geo W Bassinger

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

15. MAIDEN NAME Charlotte Shaw

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

17. INFORMANT (ADDRESS) Mrs. Ed. Elemen
Laddonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laddonia Mo. DATE April 15, 1937

19. UNDERTAKER (ADDRESS) H. E. Grainger
Laddonia Mo.

20. FILED 4-14-1937 W. K. McLeall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 14 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 10 1937 to April, 14 1937

I last saw him alive on April, 13 1937 Death is said

to have occurred on the date stated above, at 4:30 A.M.

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

Lobar Pneumonia 4-10-37

Other contributory causes of importance:

Arteriosclerosis,
Chronic Myocarditis.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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. K. McLeall, M. D.

(Address) Laddonia Mo.

