

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AUDUBON
Township SAL RIVER
City MEXICO MO (No.)

Registration District No. 26
Primary Registration District No. 3002

File No. 37009
Registered No. 169
St. ... Ward ...

2. FULL NAME Maggie Baskett

(a) Residence, No. 609-JACKSON St. ... Ward ...

Length of residence in city or town where death occurred 82 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 FEMALE 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1853

7. AGE YEARS 82 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

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. MAID

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

12. BIRTHPLACE (CITY OR TOWN) JULFON (STATE OR COUNTRY) MEXICO CALIFORNIA

13. NAME NARRY BASKETT

14. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)

15. MAIDEN NAME SALLIE

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

17. INFORMANT Mrs. W. R. Hightower (ADDRESS) W. R. Hightower Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD Mexico MO DATE 10-29-1937

19. UNDERTAKER A. P. ... (ADDRESS) ...

20. FILED Oct 29 - 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1933, to 10-23-1937. I last saw him alive on 10-23-1937. Death is said to have occurred on the date stated above, at 6 P.M.

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

Myocarditis Chronic
Paralysis of throat
NMO

Other contributory causes of importance: 930
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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) A. J. ... M. D.
(Address) ...

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.

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