

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

Do not use this space.

REC'D JUN 22 1938

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mulla Primary Registration District No. 5739
 City Hannibal, Mo. (No. Mt Zion Community RFD#2) St. _____ Ward _____

File No. 18854
 Registered No. 761

2. FULL NAME Corinna Laura Baskett

(a) Residence, No. Hannibal Mo. R.F.D.#2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr J. N. Baskett

22. I HEREBY CERTIFY That I attended deceased from May 1, 1938, to May 31, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1861

I last saw her alive on May 21, 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

7. AGE YEARS 77 MONTHS I DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cerebral arterio-sclerosis (Date of onset 1934)

Myocardial degeneration (Date of onset 1920)

Other contributory causes of importance: Phlebotomy in left limb (Date of onset 5/20/38)

12. BIRTHPLACE (CITY OR TOWN) Marion Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Samuel Hendren

FATHER 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Carolina La Cassit

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Dr J. N. Baskett (ADDRESS) Hannibal, Mo. RFD #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cem. DATE May 23, 1938

19. UNDERTAKER Smiths' Funeral Home (ADDRESS) Hannibal, Mo.

20. FILED May 25, 1938 W. E. Fisher Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) W. E. Fisher, M. D.
 _____ (Address) Hannibal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Norton

