

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

Do not use this space.

REC'D OCT 26 1938

33215

1. PLACE OF DEATH

County St. Gen.

Registration District No. 780

Township St. Gen.

Primary Registration District No. 4466

City St. Genevieve (No. _____) St. _____ Ward _____

File No. _____

Registered No. 43

2. FULL NAME Mary Anna Basler

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 6 0

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

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

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) New Jersey

13. NAME John Basler

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

15. MAIDEN NAME Mary Roschack

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

17. INFORMANT Mr. Albert Haseg

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffman by DATE Sept 20 38

19. UNDERTAKER John G. Basler

20. FILED Sept 19, 1938 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1938, to Sept 17 1938.

I last saw her alive on Sept. 10 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Arterio Sclerosis Date of onset 1930

Other contributory causes of importance: Chronic Myocarditis 1936

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) Arthur E. Seyamer, M. D.

706 (Address) St. Genevieve Mo

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if important.

