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.

REC'D MAR 16 1939

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

Do not use this space.

6130

1. PLACE OF DEATH

County Carroll. Registration District No. 135 File No.

Township ~~St. Kenmound~~ Primary Registration District No. 3010 Registered No. 19

City ~~Tina~~ Carrollton (No. Atwood Hospital St. Ward)

2. FULL NAME George M Bassett

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

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) Nov. 9th 1866

7. AGE YEARS 72 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) Bell Mont County Ohio.

FATHER

13. NAME William H. Bassett

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

MOTHER

15. MAIDEN NAME Anna Wilson

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

17. INFORMANT (ADDRESS) Miss Marion Griswold 4027 Locust St. Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Branch DATE 2/12 1939

19. UNDERTAKER (ADDRESS) Clifford W. Austin Tina, Missouri

20. FILED 2-11 1939 Ruth Haskell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1939, to Feb. 10, 1939

I last saw him alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 6:00 A.m.

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

Lobar Pneumonia — Date of onset Feb. 8, 39

10 8

Other contributory causes of importance: Chronic Nephritis

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? No

If so, specify —

(Signed) Dr. Everett L. Smith, M. D.O.

(Address) Tina, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/1/29