REC'D OCT 13 1939

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

Do not use this space.

12

1. PLACE OF DEATH
County Butler 1 Registration District No. 88 File No. 31967
Township Primary Registration District No. 4054 Registered No. 30
City Neelyville Mo. No. St. Ward)

2. FULL NAME 216 Emma Melvina Basford
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1939
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. ✓
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) Neelyville Mo. 0

FATHER
13. NAME Geo C. Basford 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelyville Mo 0

MOTHER
15. MAIDEN NAME Cora Esther Langley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo.

17. INFORMANT (ADDRESS) Geo C. Basford Neelyville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville Mo DATE Sept 19, 1939
19. UNDERTAKER (ADDRESS) Friends - Neighbors
20. FILED 9-19, 1939 E. Lautenfelt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from ~~, 19, to~~, 19
I last saw h~~ ~~ive on~~, 19 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Still born
Cause unknown

Date of onset

Other contributory causes of importance:

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) F. F. Farr, M. D.
(Address) Neelyville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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