

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

Do not use this space.

2350 OCT 12 1939

33041

1. PLACE OF DEATH

County Montgomery

Registration District No. 595

Township Wellsville

Primary Registration District No. 4353

City Wellsville

(No.)

File No. 20

Registered No. 20

St.

Ward)

2. FULL NAME

Jesse Bland Baskett

(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 10 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Sarah Thomas Baskett

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

Jan 6 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

85

8

14

OCCUPATION

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

Rail Road Carpenter

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

Retired

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)

Missouri

FATHER

13. NAME

Jesse H. Baskett

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

Virginia

MOTHER

15. MAIDEN NAME

Sarah L. Baskett

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. Vera West

18. BURIAL, CREMATION, OR REMOVAL

Mont. Abert Cemetery

PLACE Wellsville Mo DATE Sept 22 1939

19. UNDERTAKER (ADDRESS)

Fuller Perkins

Wellsville Mo

20. FILED

Sept 22 1939 Mrs. Mike McElhenny

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 19 1939

22. I HEREBY CERTIFY That I attended deceased from June 3, 1930, to Sept 19, 1939. Last saw him alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 10 A.M.

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

Chronic Interstitial Nephritis

Date of onset 7 yrs

Other contributory causes of importance:

Breast Arteriosclerosis

today 7 yrs

Name of operation Amputation

Date of 10 days

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?

If so, specify..... No

(Signed) A. A. Markham

(Address) Wellsville Mo

