

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

Do not use this space.

32738

1. PLACE OF DEATH

County Oregon Registration District No. 1143
 Township Halling Spring Primary Registration District No. 5836
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Alton mo St. R. 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 Un. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1902

7. AGE YEARS 38 MONTHS 2 DAYS 4 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. Tramway
 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) Mo

MOTHER 13. NAME J. S. Bassett

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Elva Bassett
 (ADDRESS) Alton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Creek DATE Sept 9 1940

19. UNDERTAKER (ADDRESS) Family 500

20. FILED Sept 27 1940 Mr. A. O. Roberts
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1940, to Sept 8 1940
 I last saw him alive on Sept 7 1940 Death is said to have occurred on the date stated above, at 6 P. m.

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

Typhoid Fever Date of onset 8/1-40

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? no 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) Alton Mo M. D.

(Address) Alton Mo

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

RECEIVED

District Health Officer No. 5,

District File Number 10401000

Date Filed _____

FEB 5 1947