

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

Do not use this space.

1. PLACE OF DEATH JAN 4 1935

County Benton

Township White

City..... (No..... St..... Ward)

Registration District No. 60

Primary Registration District No. 3095

File No. 41930

Registered No. 25

2. FULL NAME Frances Louise Baskins

(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. 1 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 C.A. D.K.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 12 2

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton Co. (STATE OR COUNTRY)

10. NAME OF FATHER Roy Baskins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hayes Co. (STATE OR COUNTRY) Nebraska

12. MAIDEN NAME OF MOTHER Bulah C. Durlinger 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Republic Co. (STATE OR COUNTRY) Kansas

14. INFORMANT Roy Baskins (Address) Rt. 1, D. Lincoln Mo.

15. FILED Jan 8 35 Mrs. May K. Rhodes REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1934 to Dec. 13 1934 that I last saw h. l. alive on Dec. 13 1934, and that death occurred on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Broncho)

CONTRIBUTORY? Heart Failure (SECONDARY) (Coronary Occlusion?) (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

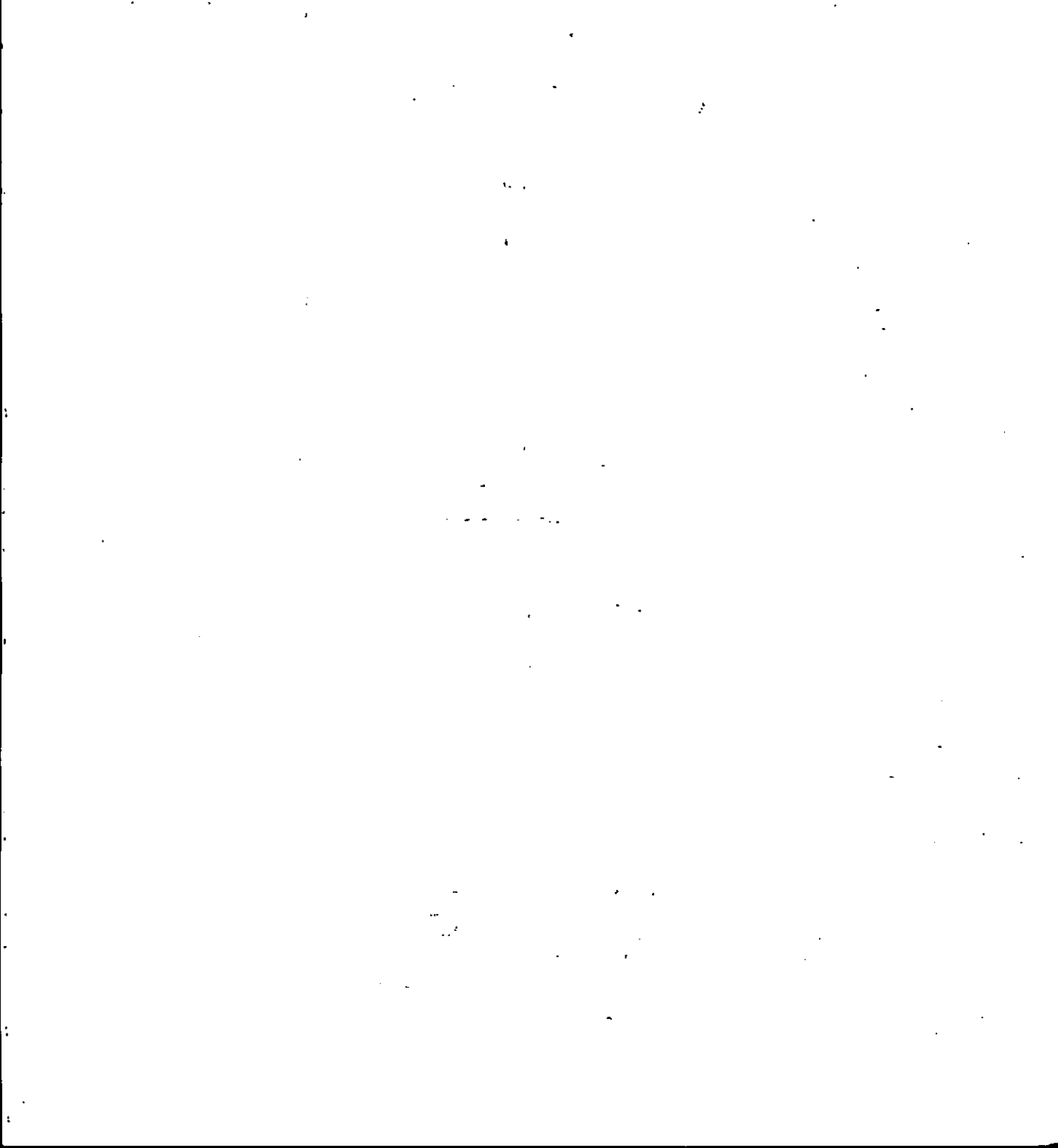
WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) C. E. Bennett, M. D. (Address) Lincoln Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laurel Oak Bur DATE OF BURIAL Dec 14 1934

20. UNDERTAKER Had no undertaker ADDRESS

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



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Penton
Township _____
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 60
Primary Registration District No. 5095

File No. _____
Registered No. 25

2. FULL NAME

Frances Louise Boskins

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 12

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan, 8 19 35 Mrs. Emily K. Rhodes Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia Date of onset _____
Broncho
Influenza

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) _____, M. D.

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

JAN 25 1935