

JUL 20 1936

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

Do not use this space

W. Deibel
22562

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. Springfield Baptist Hospital St. _____ Ward)

2. FULL NAME Mrs Mary Bassett
(a) Residence, No. Clinton Mo. 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 28

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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Little Rock (STATE OR COUNTRY) Ark

13. NAME John Dunway
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Mary Dunway
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mr Jack Fisher (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 6/10/36 19.

19. UNDERTAKER Herman H. Lohmeyer (ADDRESS) Springfield Mo.

20. FILED JUN 10 1936 19 Dr Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1936

22. I HEREBY CERTIFY That I attended deceased from June 7, 1936 to June 9, 1936
I last saw him/her alive on June 9, 1936 Death is said to have occurred on the date stated above, at 7:45 AM
The principal cause of death and related causes of importance were as follows:

Cardiomyopathy
Pneumonia, Hepatitis
Date of onset

Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Certified here 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 W. Deibel, M. D.
(Signed) Springfield Mo
(Address)

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.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

