

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

Do not use this space.

1. PLACE OF DEATH
 49 County Jasper Registration District No. 416
 10 Township _____ Primary Registration District No. 4248
 6 City Quincy (No. _____) St. _____ Ward _____
 2. FULL NAME Bascom Cile
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. 1490
 Registered No. _____

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 Cile
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 3 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture
 10. Date deceased last worked at this occupation (month and year) 1-7-32
 11. Total time (years) spent in this occupation 15 yr.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. Arlington 2
 FATHER
 13. NAME William Cile
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 MOTHER
 15. MAIDEN NAME Stated
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 17. INFORMANT Mrs. E. M. Mallie
 (ADDRESS) Quincy, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Quincy DATE Jan. 9 32
 19. UNDERTAKER Quincy and North Quincy Mo
 (ADDRESS) Quincy Mo
 20. FILED 1-5 1932 Jan 5
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 7, 1932.
 I last saw him alive on Jan 7, 1932. Death is said to have occurred on the date stated above, at 3:28 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Date of onset 1-1-32
 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? _____, specify _____
 (Signed) W. B. G. R., M. D.
 (Address) Quincy, Mo.

FEB 4 1932

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH.

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**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 Madison

Registration District No. 416

File No.

Township Sarcovia

Primary Registration District No. 4248

Registered No.

City Sarcovia (No.)

St. Ward)

2. FULL NAME

Basson Oile

(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

M

4. COLOR OR RACE

W

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

wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

to, 19.....

I last saw h..... 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:

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

Pneumonia
labor
108

Other contributory causes of importance:

Date of onset

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

3/10

19.....

Sam Sumner
Registrar

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)

SUPPLEMENTARY

Exact statement of OCCUPATION is v. r. y.
HALL NOT RECEIVE A FEE FOR CERTIF. JATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
CAUSE OF DEATH in plain terms, so that it ma

S-1490