

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

Do not use this space.

25014

**1. PLACE OF DEATH**

County Monroe Registration District No. 581  
Township Indian Creek Primary Registration District No. 5783  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 21

**2. FULL NAME**

(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)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>Widowed</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE</b> <u>Mary Ellen Wood Bastian</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Oct 24-1853</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>80</u>	<b>MONTHS</b> <u>9</u>
	<b>DAYS</b> <u>6</u>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Farmer</u>	
	<b>9. Industry or business in which work was done, as mill, saw mill, bank, etc.</b> <u>General Agriculture</u>	
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>L</u>	<b>11. Total time (years) spent in this occupation</b> <u>C</u>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Macon Co Mo.</u>		
<b>FATHER</b>	<b>13. NAME</b> <u>Edwin C. Bastian</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>_____</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>_____</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Kentucky</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>J. C. Bastian, Monroe City Mo</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b> <u>Deer Creek Cemetery, Aug-1 1934</u>		
<b>19. UNDERTAKER (ADDRESS)</b> <u>Wilson &amp; Son, Monroe City Mo.</u>		
<b>20. FILED</b> <u>7-31</u> 19 <u>34</u> <u>O. W. Wilson</u> Deputy Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 30<sup>th</sup> 1934

**22. I HEREBY CERTIFY**, That I attended deceased from April 10<sup>th</sup> 1934 to July 30<sup>th</sup> 1934. I first saw him alive on July 23<sup>rd</sup> 1934. Death is said to have occurred on the date stated above, at 1 P. m.. The principal cause of death and related causes of importance were as follows:  
Thrombosis of valves, Heart disease, Septicemia

Other contributory causes of importance:  
Arteriosclerosis, high temperature, (Septicemia)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chemical Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? C 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) W. P. Phipps, M. D.  
(Address) Monroe City Mo.

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. AUG 14 1934

