

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.

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

Do not use this space.

REC'D FEB 24 1939

3074

1. PLACE OF DEATH
64 County Marion Registration District No. 547
Township Miller Primary Registration District No. 5739
City Marion (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 0

2. FULL NAME John Nicholas Baskett
(a) Residence, No. Miller Township 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/1938

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

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1938 to Dec. 29 1938.
I last saw him alive on Dec. 29 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1853

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 12/1/38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

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) New Hope Lincoln Co. Missouri
(STATE OR COUNTRY)

13. NAME Horatio N. Baskett
Unknown

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

15. MAIDEN NAME Almeda Dorsey Griffith

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

17. INFORMANT Mrs. O. W. Chandler
(ADDRESS) 121 South Fifth

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE 12/29/38

19. UNDERTAKER Smith Funeral Home
(ADDRESS) 902 Broadway

20. FILED Jan 3 1939 H. C. Fisher Registrar.

Other contributory causes of importance:
Semipr

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) H. B. Norton M. D.
H. B. Norton Registrar.

Dr Norton

