

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.

SEP 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Wilder Grove
City (No. 5)

Registration District No. 527
Primary Registration District No. 52725-

File No. 27095
Registered No. 7
St. _____ Ward _____

2. FULL NAME Anna Basinger

(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

3. SEX FM 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 Adam Basinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 17

OCCUPATION
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) Ohio

MOTHER FATHER
13. NAME John Garber

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

15. MAIDEN NAME Barbra Loggins

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

17. INFORMANT (ADDRESS) John Bucher

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE Aug 6 1935

19. UNDERTAKER (ADDRESS) W. F. Kidwell

20. FILED 9-10 1935 John Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Aug 4, 1935. I last saw her alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 12 m. A. M. The principal cause of death and related causes of importance were as follows:

Chronic gastritis with very weak heart & general failure of
Date of onset _____

Other contributory causes of importance:

Name of operation _____
What test confirmed diagnosis? Symptom 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 _____ 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. E. Blackstone M. D.
(Address) Versailles, Mo. (R)

