

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

Do not use this space.

1098

1. PLACE OF DEATH

County Jackson
Township Haw
City Harvard City (No. St. Mary's Hosp.)

Registration District No. 599
Primary Registration District No. 1003

File No. _____
Registered No. 118 St. _____ Ward

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Parkville, Mo.
(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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
20 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cowgill, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Allie Basham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ade Belcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pala, Mo.
(STATE OR COUNTRY)

14. INFORMANT Allie Basham
(Address) Parkville, Mo.

15. FILED Jan 10, 1928 M.M. Levine REGISTRAR
Assoc

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927 to Jan 9, 1928 that I last saw him alive on 9th of Dec, 1928, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Non Epidemic Meningitis

CONTRIBUTORY Probable Brain Abscess
(SECONDARY) (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED At Parkville, Mo.
(IF NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) H. H. Harrison, M. D.
1/10, 1928 (Address) 900 Riatta Bay

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cowgill, Mo. DATE OF BURIAL Jan 10 1928

20. UNDERTAKER H. H. Hewcomerison ADDRESS W.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1020 Kistka Bling

~~Under 2016~~

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