MAY 29 1928

N 125

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

Do not use this space.

12538

1. PLACE OF DEATH
County Cape
Township Cape
City Cape Girardeau (No. Missouri St. Ward)

Registration District No. 125
Primary Registration District No. 5178

File No. 1085
Registered No.

2. FULL NAME Jessie Bast
(a) Residence. No. R. F. D. #2 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 28 1889

7. AGE: 38 YEARS | MONTHS: 7 | DAYS: 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nursing
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cape County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Benjamin Bast
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Martha Perry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Tennessee

14. INFORMANT: Mrs. Albert E. Hamann
(Address): R. F. D. #2 Cape Girardeau Mo.

15. FILED 4/20, 1928 W. C. Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-18-28 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to March 18, 1928 that I last saw her alive on April 18, 1928, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Carditis
90 A 127 B
91 B
(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY): Cholocystitis
(duration) yrs. 3 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 8-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Schwen, M. D
4-20, 1928 (Address) Cape Girardeau Mo

*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: Fairmont Jackson Cemetery
DATE OF BURIAL: April 21 1928

20. UNDERTAKER: M. Brinkopf
ADDRESS: 536 Broadway