

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

Do not use this space.

17623

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph

**85**  
Registration District No.....  
**1001**  
Primary Registration District No.....  
City Memorial Home 1120 Main

File No.....  
Registered No. 665  
St..... Ward)

**2. FULL NAME** Berry Allen Bass,

(a) Residence. No. 1120 Main 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. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1848,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 7 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Hotel Clerk,  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired,  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Terre Haute,  
(STATE OR COUNTRY) Indiana,

10. NAME OF FATHER Nelson Bass,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Garrett,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Memorial Home Record  
(Address) St. Joseph, Mo.

15. FILED 28 1927 John E. W. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to June 25, 1927, and that that I last saw him alive on June 25, 1927, and that death occurred, on the date stated above, at.....  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis (Chronic)

CONTRIBUTORY Rheumatism  
(SECONDARY) (duration) 5 yrs. .... mos. .... ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Walter Ramsey, M.D.  
6/28, 1927 (Address) Kempstead & Fredg

\*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 Int. Home DATE OF BURIAL June 28, 1927.

20. UNDERTAKER Heaton-Bellevue Co ADDRESS 319 S. 10 St.  
by J. H. Kase

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.

25 1927

