

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

Do not use this space.

2600

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. Mo. Bapt. Lane)

File No.

Registered No. **158**

St. Ward

2. FULL NAME Viola Bass

(a) Residence No. St. 12 Ward. Louisiana 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Edward H. Bass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 - 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>1</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Luther Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Wm. Smashy
(Address) 4158 De Toisy

15. FILED JAN - 5 1928 Marb Starr
19..... REGISTRATION

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 2, 1928, to Jan 4, 1928, that I last saw h. alive on Jan 4, 1928, and that death occurred, on the date stated above, at p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
4:26
10:20 AM
(duration) yrs. mos. da.
CONTRIBUTORY Vascular hypertension
(SECONDARY)
(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Louisiana, Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) Samuel B. Grant, M. D.
Jan 5, 1928 (Address) 3820 Washington Blvd

*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 Louisiana Mo. DATE OF BURIAL Jan 5 1928
20. UNDERTAKER Geo. L. Pleutsch ADDRESS 5966 Easton Ave.

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.

10-30 to 12.