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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5209
Township Kaw — Primary Registration District No. 1402 — Registered No. 871
City Kans. City (Name) 583 Troost St. (Ward)

2. FULL NAME Bennie Bass
(a) Residence. No. 583 Troost St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Bass
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: Years 39 — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Sam Bass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: D. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dl. Know

14. INFORMANT: Anna Bass
(Address) 583 Troost Ave
15. FILED 2/27, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 25, 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1928, to Feb. 25, 1928, that I last saw him alive on Feb. 25, 1928, and that death occurred, on the date stated above, at 9:58 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of the Heart
92 H (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 90 A (duration) 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? None
(Signed) A. H. Thompson, M.D.
2/25, 1928 (Address) 1512 N. 5th

*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: Pedalia Mo — DATE OF BURIAL: 2/25 1928
20. UNDERTAKER: Watkins Bros — ADDRESS: 1729 Hy 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD