WRITE PLAINLY, WITH UNFADING INK

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.

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

Do not use this space.

8824

File No. 985

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City KC
Registration District No. 399
Primary Registration District No. 1097
(No. Old City Hospital St. Ward)

2. FULL NAME Bass, Mother
(a) Residence. No. 1212 E 17th St St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 49 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 a a
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/16/1854

7. AGE Years 70 Months Days 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clabover 95 E 111
(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 Miner Bass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Susan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Self Pherton Bass
(Address) 911 Penn st

15. FILED 3-5-1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1/1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to March 1, 1928 that I last saw h. 1 m. alive on March 1, 1928, and that death occurred, on the date stated above, at 1:25 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary Oedema
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab Finding
(Signed) H. M. Smith, M. D.
3-4, 1928 (Address) Old City Hospital

*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 Highlands
DATE OF BURIAL 3-5-1928

20. UNDERTAKER H B Moore
ADDRESS 1820 E 18