

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Little Blue
City Little Blue Mo. (No. Country Home)

Registration District No. 400 Dr. Barker
Primary Registration District No. 3533B

File No. 27569
Registered No. 111
St. _____ Ward _____

2. FULL NAME

Miner Bass
(a) Residence. No. Jackson County Home Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Eunice Morgan

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

Mar 6-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

70

5

7

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)

Jefferson City Mo.

10. NAME OF FATHER

Elgin Bass

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Elgin Bass

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Ky

14.

INFORMANT

Deacon Williams
(Address) 1317 E. 29th St. K.C. Mo.

15.

Aug 13 1928 J.M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug - 13 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug 1 - 1928 to Aug 13 1928 that I last saw him alive on Aug 13 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic (Parenchymatous) Nephritis
131 (duration) 131 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

Unknown (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

NO DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

Physical Exam

(Signed) J.H. Bookman M.D.

, 19 28 (Address) 2108 Vine St.

*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

Highland Cemetery

DATE OF BURIAL

8-16-1928

20. UNDERTAKER

Flynn + Greenstreet

ADDRESS

K.C. Mo.

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.

WHO IS RESPONSIBLE? RECORD

