

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

Do not use this space.

1948

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.

22 1929
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00

1. PLACE OF DEATH
 County Jackson Registration District No. 490
 Township Prarie Primary Registration District No. 233P/P
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John W. Bass
 (a) Residence No. Jackson County Home 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1852

7. AGE YEARS 77 MONTHS _____ DAYS _____ **IF LESS than 1 day,** hrs. _____ min. _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (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) Illinois

10. NAME OF FATHER unborn

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

12. MAIDEN NAME OF MOTHER unborn

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

14. INFORMANT J. W. Hartetter
 (Address) _____

15. SIGNED W. H. James REGISTRAR
Aug 26 1929

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Jan 25, 1929
 that I last saw him alive on Jan 26, 1929 and that death occurred, on the date stated above, at 10:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic suppurative
90B 93C
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) General insurrection
 (duration) yrs. mos. da.

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) J. H. Green, M. D.
1/25, 1929 (Address) Independence Mo

*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 Hadden Mo **DATE OF BURIAL** Jan 26 1929

20. UNDERTAKER Hartetter H. C. Mo **ADDRESS** _____

