

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

Do not use this space.

30197

File No. \_\_\_\_\_  
Registered No. 31

**1. PLACE OF DEATH**

County Butler Registration District No. 88  
Township Coon Island Primary Registration District No. 62.68  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Sherman Bass

(a) Residence 15 mi. E. Reelville Mo. St. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1929, to Sept 6, 1929.  
That I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10 @ Clark St. Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30-1921

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
8 -00 7 \_\_\_\_\_

Shock & contusion of the Brain caused by accidentally running against a school meter while playing (duration) - yrs. - mos. 20 hours

**8. OCCUPATION OF DECEASED**

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

CONTRIBUTORY (SECONDARY) 1929

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Butler Co. Mo.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH? \_\_\_\_\_

10. NAME OF FATHER Frank Bass

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Mary Hastings

WHAT TEST CONFIRMED DIAGNOSIS? None

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Wayne Co Mo

(Signed) B. L. Turner, M. D.

14. INFORMANT Chester Bass (Address) 5 mi East Reelville Mo

9-7-1929 (Address) Reelville, Mo

15. FILED 9-7-1929 B. L. Turner REGISTRAR

\*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 DATE OF BURIAL

Shiloh Cemetery Ripley Co Mo Sept 7 1929

20. UNDERTAKER ADDRESS

W. P. Phelps Paplar Bluff

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929  
12

26

2

146

