WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

32982

2 46

1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No.

Township Columbia — Primary Registration District No. 5112 — Registered No.

City Near " (No. ..... St. ..... Ward)

2. FULL NAME Wallace Andrew Bass

(a) Residence. No. ..... 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. 18 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 23 1928

7. AGE: YEARS 1 — MONTHS 2 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: X

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

PARENTS

10. NAME OF FATHER: Elvin Bass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co

12. MAIDEN NAME OF MOTHER: Emma Norman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co

14. INFORMANT: Elvin Bass
(Address) Columbia Mo R#1

15. FILED 10-11, 1929 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/10/ 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 —, 1929, to X, 19..., that I last saw h X alive on X, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

113A

(duration) ..... yrs. ✓ mos. 3 ds.

CONTRIBUTORY (SECONDARY) 113A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No X

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. G. Davis Coroner ~~M.D.~~

, 19 (Address) Columbia 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: Log Providence — DATE OF BURIAL: Oct-11 1929

20. UNDERTAKER: Stuart Parker ~~Charles Ellis~~ — ADDRESS: ~~Log Providence~~ Columbia Mo.