

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

Do not use this space.

41027

1. PLACE OF DEATH

County Jackson
Township Prairie
City (No. _____) _____ St. _____ Ward _____

Registration District No. 400
Primary Registration District No. 3000 P

File No. _____
Registered No. 153
St. _____ Ward _____

2. FULL NAME James A. Bass

(a) Residence No. J. A. House 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) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1929

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Dec 17, 1929 that I last saw him alive on Dec 16, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-21-1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
73 1 25

chronic myocarditis
90 C

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work shoe dealer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 90 C
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Wm. Morrison

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Morrison

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Wm. Morrison

WHAT TEST CONFIRMED DIAGNOSIS? clinical

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Morrison

(Signed) J. W. Hatten, M. D.

14. INFORMANT J. W. Hatten

1929 (Address) Independence Mo

(Address) J. C. Horn

*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.

15. Dec 17 1929 REGISTRAR James A. Bass

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Dec 24 1929

20. UNDERTAKER Keller ADDRESS Keller

Exact statement of OCCUPATION is very important. At every point of information, indicate so clearly as to CAUSE OF DEATH in plain terms, so that it may be properly classified.

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