

APR 30 1930

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

9543

## 1. PLACE OF DEATH

County Miller  
 Township Franklin  
 City Bagnel (No. ....)

Registration District No. 1174  
 Primary Registration District No. 5756H

File No. 4  
 Registered No. 4  
 St. .... Ward

## 2. FULL NAME

Pearley Bass

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode)  
 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
6 1 18

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home  
 (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) Arkansas

PARENTS

10. NAME OF FATHER Barney Bass

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

12. MAIDEN NAME OF MOTHER Mary Lane

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

14. INFORMANT Barney Bass  
 (Address) Bagnel, Mo

15. FILED 3-7-20 Mrs. C. D. Jeffries REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1930, to Mar 4, 1930, that I last saw him alive on Mar 4, 1930, and that death occurred, on the date stated above, at 7 PM.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Epidemic Cerebro-Spinal Meningitis

CONTRIBUTORY (SECONDARY)

## 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?

(Signed) Spinal Puncture James H. Leevers, M.D.

19 (Address) Eldon, 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

Eldon, Cem.

## DATE OF BURIAL

3-5-1930

## 20. UNDERTAKER

W.A. Phillips

## ADDRESS

Eldon, Mo

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

