

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

Do not use this space.

38562

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph.

**85**

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001  
(No. 121 Michigan Ave)

File No. \_\_\_\_\_  
Registered No. 1291  
St. \_\_\_\_\_ Ward)

**2. FULL NAME, Mary A. Bass.**

(a) Residence. No. 121 Michigan Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White.</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>WIDOW.</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John R. Bass.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 14, 1853.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>73</b>	<b>9</b>	<b>17</b>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) **Princeton,**  
(STATE OR COUNTRY) **Mo.**

<b>PARENTS</b>	10. NAME OF FATHER <b>Hiram Harper.</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) ***** (STATE OR COUNTRY) <b>Tenn.</b>
	12. MAIDEN NAME OF MOTHER <b>Emily Craven.</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <b>Unknown.</b>

14. INFORMANT **Mrs. Jeff Austin,**  
(Address) **121 Michigan Ave.**

15. FILED **3 1930**, 19. John G. [Signature]  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1896 to Dec 1st, 1930 that I last saw her alive on 12-13, 1930, and that death occurred, on the date stated above, at 6:30 P. m.

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

**Diabetic Coma**

CONTRIBUTORY (SECONDARY) **Diabetes mellitus**  
(duration) \_\_\_\_\_ yrs. mos. ds.

(duration) 1 1/2 yrs. mos. ds.

**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) **C. J. Sproul, M. D.**  
12/3, 1930 (Address) 101 1/2 W. Main

\*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 <b>Ashland Cemetery.</b>	DATE OF BURIAL <b>Dec. 3, 1930</b> 19
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20. UNDERTAKER <b>Fred W. Clark</b>	ADDRESS <b>5025 King Hill Av.</b>
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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.

JAN 19 1931

**DEC**

