

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 very important.

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

Do not use this space.

8715

1. PLACE OF DEATH  
 County Barton Registration District No. 40  
 Township Lamar Primary Registration District No. 4024  
 City Lamar (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Nona Wilda June Bass  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28-1931</u>		
7. AGE	YEARS	MONTHS
		1
		23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lamar Missouri</u>		
13. NAME <u>M. D. Bass</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barton Mo</u>		
15. MAIDEN NAME <u>Zelda May Dye</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>		
17. INFORMANT (ADDRESS) <u>M. D. Bass Lamar Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Cemetery</u> DATE <u>March 22, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>C. F. Kowitz Lamar, Mo.</u>		
20. FILED <u>3/22-1931</u> <u>A. J. Mynatt</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mch 18<sup>th</sup>, 1931 to Mch 21<sup>st</sup>, 1931  
 I last saw her alive on Mch 21<sup>st</sup>, 1931. Death is said to have occurred on the date stated above, at 11 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal Flu  
11 B  
11 B  
 Other contributory causes of importance:  
Thrombophlebitis from bands  
 Date of onset Mch 18<sup>th</sup>

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) C. E. Duedett, M. D.  
 (Address) Lamar, Mo.

100