

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.

JUL 28 1931

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

Do not use this space.

1. PLACE OF DEATH

County Lettes  
Township Lresden  
City Lresden (No. 10)

Registration District No. 672  
Primary Registration District No. 5895

File No. 22381  
Registered No. 10 St. 10 Ward 10

2. FULL NAME

Herbert Bass

(a) Residence, No. 10 St. 10 Ward 10

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1902

7. AGE YEARS 28 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Lresden (STATE OR COUNTRY) mo

13. NAME John Bass

14. BIRTHPLACE (CITY OR TOWN) Lawrence Co. (STATE OR COUNTRY) mo

15. MAIDEN NAME Mintie Lewis

16. BIRTHPLACE (CITY OR TOWN) Lawrence Co. (STATE OR COUNTRY) mo

17. INFORMANT John Bass (ADDRESS) Lresden

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lresden DATE Jan 24 1931

19. UNDERTAKER B F Powell (ADDRESS) Lresden

20. FILED 6-24 1931 J Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 21 1931, to June 21 1931, to

I last saw him alive on June 21 1931, to June 21 1931, to

to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Accident of Drowning Date of onset 183

Occurred while fishing in stream

Other contributory causes of importance:

183

Name of operation 183 Date of 183

What test confirmed diagnosis? 183 as there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 183 Date of injury 183

Where did injury occur? 183 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 183

Nature of injury 183

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 183 (Signed) H. J. Bishop M. D.

(Address) Sedalia

