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

Do not use this space.

22382

File No.

Registered No. 9

1. PLACE OF DEATH

80 County Pettis Registration District No. 672

Township Sedalia Primary Registration District No. 5895

City (No. , St. Ward)

2. FULL NAME Henry James Bass

(a) Residence No. St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 28 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	9	14	

OCCUPATION

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. 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versedan Mo

FATHER

13. NAME John Bass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versedan Mo

MOTHER

15. MAIDEN NAME Minteja Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scanlon Co. Mo

17. INFORMANT (ADDRESS) John Bass R-3 Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versedan DATE Jun 24 1931

19. UNDERTAKER (ADDRESS) B F Carter

20. FILED 6-24, 1931 J T 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 , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Accidental Drowning	
Caused While Fishing in Stream	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Accident 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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) W J Bishop Coroner, M. D.

(Address) Sedalia Mo