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

Do not use this space.

33693

File No. .....

Registered No. 1091

1. PLACE OF DEATH

County Buchanan

Township .....

City St. Joseph, (No. 1077 North Noyes Boulevard, St. ..... Ward)

Registration District No. 85

Primary Registration District No. 1631

2. FULL NAME John P. Bass,

(a) Residence, No. 1077 No. Noyes Blv'd. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 23 1931

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1879

7. AGE: Years 52 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental,

10. Date deceased last worked at this occupation (month and year) October 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Missouri,

FATHER

13. NAME John P. Bass Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Missouri,

MOTHER

15. MAIDEN NAME Matilda Harris,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Missouri,

17. INFORMANT Mrs. J. P. Bass
(ADDRESS) 1077 No. Noyes Boulevard,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cem. DATE Oct. 24th. 1931

19. UNDERTAKER Heaton Bergate & Bowman Funeral Home
(ADDRESS) 319 S. 10th. St.

20. FILED OCT 23 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1931

22. I HEREBY CERTIFY That I attended deceased from June 1, 1931, to Oct 23, 1931

I last saw him alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Tuberculosis Pulmonary — Date of onset June 1931

ZPA 23

Other contributory causes of importance:

unknown

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? no

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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) M S Gray, M. D.

(Address) St Joseph Mo