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.

APR 26 1932

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

Do not use this space.

8093

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 214
Township — Primary Registration District No. 4001 — Registered No.
City Springfield (No. 7th Johns Hosp. St. Ward)

2. FULL NAME Wanda Bass
(a) Residence, No. 711 S Fremont St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. H. Bass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1900
7. AGE 31 YEARS MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) MO
FATHER
13. NAME Oliver W. Chapin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
MOTHER
15. MAIDEN NAME Ella Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
17. INFORMANT (ADDRESS) N. H. Bass 711 S Fremont
18. BURIAL, CREMATION, OR REMOVAL PLACE St James, MO DATE 3/16/32
19. UNDERTAKER (ADDRESS) Yeoman Lonnecy
20. FILED 3-15 1932 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1932, to Mar. 14, 1932
I last saw her alive on Mar 14, 1932 Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Undetermined — Sudden death

Date of onset

199 199

Other contributory causes of importance:

1

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? Requested but refused.

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? .....
If so, specify .....
(Signed) F. B. Camp, M. D.
(Address) 413 Holland Bldg.

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