Dr Austere

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

Do not use this space.

21933

File No. .....

Registered No. 19

1. PLACE OF DEATH

10 County Boone — Registration District No. 72

2 Township ..... — Primary Registration District No. 7041

2 City Centralia (No. ....., ..., St. ....., Ward)

2. FULL NAME Cretia 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25th 1867

7. AGE: Years 64 | Months 8 | Days 24 | 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) Boone Co. Mo

FATHER

13. NAME Un Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known 31

MOTHER

15. MAIDEN NAME Cornelia Gray

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

17. INFORMANT (ADDRESS) Lena Collins Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo Cem DATE July 21st 1932

19. UNDERTAKER (ADDRESS) E M McDonald Centralia Mo

20. FILED 7/20 1932 J. T. Hinerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932 to July 19 1932

I last saw her alive on July 19 1932. Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Chronic Nephritis	
131	
131	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No (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) Chas W Austere, M. D.

(Address) Centralia, Mo.

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.

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