

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22789

1. PLACE OF DEATH

County JacksonRegistration District No. 389Township RawPrimary Registration District No. 1008City Kansas City (No. 1224)File No. 12037Registered No. 12037St. Ward

2. FULL NAME

(a) Residence, No. 1224 Paseo St. 2 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

Colored

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

Married

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

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

7. AGE

YEARS 29MONTHS 2DAYS 13

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Westlawn DATE 7/11 1932

19. UNDERTAKER (ADDRESS)

20. FILED

7/11 1932 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 7 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 10 1932 to July 17 1932I last saw her alive on July 7 1932 Death is saidto have occurred on the date stated above, at 11:55 a.m.

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

Tuberculosis Pulmonum Date of onsetProbably 8 or 10 months agoOther contributory causes of importance:Cholesterol July 5 1932Name of operation none Date of noneWhat test confirmed diagnosis? Sy. infl. Was there an autopsy? yes

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

Accident, suicide, or homicide? none Date of injury noneWhere did injury occur? none (Specify city or town, county, and State)

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

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) J. E. Donaldson(Address) 714 Chambers

J. E. Donaldson.

WATKINS - BROTHERS
UNDERTAKERS AND LICENSED EMBALMERS

Phone Harrison 7989

1729 Lydia Avenue

Kansas City, Missouri

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I, T. B. Watkins, Funeral Director and Manager of Watkins Bros. Undt. Co., 1729 Lydia, Kansas City, Missouri, do hereby certify that on July 11, 1932 I did bury the body of Mrs. Cirlee Bass, who died July 7, 1932 at 1224 Paseo, Kansas City, Missouri. Permit #3110 was issued by the Local Registrar.

I further state that the record at the office in Kansas City, Mo. under the name of Carter Bass is incorrect and the correct name is Cirlee Bass.

T. B. Watkins

State of Missouri
County of Jackson SS

Subscribed and sworn to before me, O. M. Evans, this 12th day of December, 1941.

O. M. Evans

My com. ex. Oct. 9, 1944.

5-22789