

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

Do not use this space.

23748

**1. PLACE OF DEATH**

84 County Dolk Registration District No. 709  
Township Flemington Primary Registration District No. 6291  
City Flemington (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....

**2. FULL NAME**

James Henry Bass  
(a) Residence, No. .... St. .... Ward .....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Low Bass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. .... min. ....
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>121</u>	
	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) <u>Ill 2</u>		
FATHER	13. NAME <u>James Robert Bass</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Martha A. Hongan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Bill McCracken</u> (ADDRESS) <u>Humansville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flemington</u> DATE <u>July 7, 1932</u>		
19. UNDERTAKER <u>Ralph A. Joseph</u> (ADDRESS) <u>Humansville, Mo</u>		
20. FILED <u>July 9, 1932</u> <u>Veda McCracken</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1932

22. I HEREBY CERTIFY That I attended deceased from July 3, 1932 to July 6, 1932  
I last saw him alive on July 5, 1932. Death is said to have occurred on the date stated above, at 2 P.M.  
The principal cause of death and related causes of importance were as follows:  
arterio sclerosis advanced  
Date of onset .....

Other contributory causes of importance: (1)

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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) R. O. Meiners, M. D.  
(Address) Humansville, Mo.

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.

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