

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

Do not use this space.

33142

1. PLACE OF DEATH

80 County Pettis
4 Township Sedalia
8 City Sedalia (No.)

Registration District No. 66F
Primary Registration District No. 8032

File No.
Registered No. 256
St. Ward)

2. FULL NAME

Ernst James Bass
(a) Residence. No. 819 E 7 St., ... Ward.

(Usual place of abode)
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

white

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

single

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

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

July 13, 1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

2

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sedalia, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Henry Friedrich Bass

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Copier Co Missouri

12. MAIDEN NAME OF MOTHER

Miss Kental

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT
(Address)

Henry Friedrich Bass
Sedalia, Mo.

15.

FILED 10-5, 1932

John L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1/32 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932 to Oct 1, 1932
that I last saw him alive on Oct 1, 1932, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Aspiratory Bronchitis
107A
Bronchial Pneumonia

CONTRIBUTORY (SECONDARY)

107B (duration) yrs. mos. 7- ds.
107C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Swartz, M. D.

, 19 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Crown Hill

10/6 1932

20. UNDERTAKER

ADDRESS

McLaughlin Bros

Sedalia 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.

NOV 28 1932

