

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.

MAR 24 1934

1. PLACE OF DEATH

County **Pettis**Registration District No. **668**

Township

Primary Registration District No. **3032**City **Sedalia**(No. **817**

E 7th

St.

Ward)

2. FULL NAME **Infant Daughter of Henry Bass**(a) Residence, No. **817 East 7th**

St.

Ward.

(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

F

4. COLOR OR RACE

W5. 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)

Feb 12 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**14**

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)**Sedalia****Mo.**

FATHER

13. NAME

Henry Bass

MOTHER

15. MAIDEN NAME

Alice Kentrael16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Mo.**

17. INFORMANT

(ADDRESS)

**Henry Bass
817 E 7th Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown HillDATE **Feb 13****34**

19. UNDERTAKER

(ADDRESS)

**Gillespie Furn Home
Sedalia Missouri**

20. FILED

2-13-1934 Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 12**, 19 **34**22. I HEREBY CERTIFY, That I attended deceased from
12:54 P. M. - 2-12, 1934, to 2:35 P. M. - 2-12, 1934I last saw him alive on **2-12, 1934** Death is saidto have occurred on the date stated above, at **2:35 P. M.**

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

Date of onset

**Pulmonary atelectasis -
Premature infant.**

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

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)

(Address)

C. Gordon Stauffer, M. D.
54 E. 7th St. Sedalia, Mo.

