

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. 304 Lindenwood Ave St. 3 Ward)

File No. 10156
 Registered No. 42

2. FULL NAME

Richard Spencer Bass

(a) Residence, No. 304 Lindenwood Ave 3 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. — mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie O. Bass decd.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16, 1849</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>0</u>
	DAY <u>0</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Locomotive Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wabash Railroad</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about 1912</u>	
11. Total time (years) spent in this occupation <u>30 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo.</u>		
FATHER	13. NAME <u>Dobney Bass</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Haslip</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Spencer Bass</u> (ADDRESS) <u>Portage Station, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem.</u> DATE <u>Mar 18, 1934</u>		
19. UNDERTAKER <u>Steinbrinkers</u> (ADDRESS) <u>St. Charles Mo.</u>		
20. FILED <u>MAR 17 1934</u> <u>Glenn H. Thayer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934, to Mar 15, 1934

I last saw him alive on Mar 15, 1934 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver
82 yrs
8291
 Other contributory causes of importance:
General arteriosclerosis 1912

Name of operation Date of
 What test confirmed diagnosis? Cholesterol Was there an autopsy? no

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? no
 If so, specify no

(Signed) W. E. Bruders, M. D.
 (Address) St. Charles Mo.

