

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.

JUN 24 1935

17017

1. PLACE OF DEATH

County LewisRegistration District No. 483Township LyonPrimary Registration District No. 5647City Monticello

(No. _____)

St. _____

Ward _____

2. FULL NAME

John Lester Bash

(a) Residence, No. _____

St. _____

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1935</u>		
7. AGE	YEARS	MONTHS
		DAYS
		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)	<u>Monticello, Mo.</u>
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FATHER	13. NAME	<u>Ralph Bash</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Lewis County</u>

MOTHER	15. MAIDEN NAME	<u>Virginia Dehner</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Lewis Co.</u>

17. INFORMANT (ADDRESS)	<u>Ralph Bash (Father)</u> <u>Monticello Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<u>Benjamin Mo</u>
DATE	<u>May 4 1935</u>

19. UNDERTAKER (ADDRESS)	<u>F. D. Kelly - Canton Mo.</u>
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20. FILED	<u>May 4 1935</u>	<u>Miss D. B. Hoer</u>	<u>Registrar</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 193522. I HEREBY CERTIFY, That I attended deceased from May 2, 1935, to May 3, 1935.I last saw him alive on May 3, 1935. Death is saidto have occurred on the date stated above, at 11:40 P.M.

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

Premature birth with a large head

Date of onset _____

Other contributory causes of importance: 15 1/2

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) W. C. E. Padd, M. D.(Address) Williamstown Mo.

