

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.  
*Call Smith*  
**22155**

**1935** AUG 12 1935

1. PLACE OF DEATH  
 County Buckner Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph Mo. State Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Charles Willis Bass  
 (a) Residence, No. 224 1/2 Ave. St. John Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 704

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 1879</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>8</u>
	DAYS <u>6</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>Coal Trader</u>	
	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>Buckner Mo</u>		
FATHER	13. NAME <u>John Robinson Bass</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary A. Harper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>State Hospital Record</u> (ADDRESS) <u>St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I.O.O.F. Cem.</u> DATE <u>July 6 1935</u>		
19. UNDERTAKER <u>Fred Clark</u> (ADDRESS) <u>St. Joseph Mo</u>		
20. FILED <u>7-5</u> 19 <u>35</u> <u>John R. Gaudin</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4<sup>th</sup> 1935

22. I HEREBY CERTIFY That I attended deceased from Apr 12 1935 to July 4<sup>th</sup> 1935  
 I last saw him alive on July 4<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 12:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset July 2<sup>nd</sup>  
Influenza  
 Other contributory causes of importance: Influenza  
 Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) C. W. Miles M. D.  
 (Address) State Hosp No 2

