

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

Do not use this space.

**DEC 17 1935**

35343

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Sophia Bass**

(a) Residence, No. Schuyler County, Menwood, Mo. 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 Female 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) DK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Approximately 69 years

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Schuyler Co., Mo. (STATE OR COUNTRY)

13. NAME DK

14. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY)

15. MAIDEN NAME DK

16. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE Nov 11 1935

19. UNDERTAKER J. J. Taylor Fulton Mo (ADDRESS)

20. FILED Nov 11 1935 R. W. Cross Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/35

22. I HEREBY CERTIFY, That I attended deceased from July 4 35 to Nov. 9 1935

I last saw her alive on Nov. 9, 1935, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:25 A. M.

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

Chronic Myocarditis  
Myocardial Degeneration

Date of onset DK

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 (Signed) E. E. Landis, M. D.  
 (Address) Fulton 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.

THIS IS A PERMANENT RECORD

