

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4435

1. PLACE OF DEATH

County OuttrimRegistration District No. 26Township MaplePrimary Registration District No. 3002City Maple (No. MO)St. MO Ward 2. FULL NAME William Bass(a) Residence, No.

(Usual place of abode)

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

Male

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Blanche BassWIFE OF William Bass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 15 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

72528

OCCUPATION

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)

(STATE OR COUNTRY)

Wood Co, Ind.

FATHER

13. NAME

Henry Bass

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

X

MOTHER

15. MAIDEN NAME

X

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

X

17. INFORMANT

(ADDRESS)

Maple Ind.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Ind. DATE Feb 16, 1936

19. UNDERTAKER

(ADDRESS)

Maple Ind.

20. FILED

2-15-361936Blanche Reedy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June, 1935 to Feb 13, 1936I last saw him alive on Feb 8, 1936 Death is saidto have occurred on the date stated above, at 8:45 a.m.

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

Chronic myocarditis with
myocardial degeneration
Cardiac FailureDate of onset
probably
2 years

Other contributory causes of importance:

Arteriosclerotic heart disease
Hypertensive Cardiac Vascular
disease

unknown

Name of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1936Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Harry F. O'Brien, M. D.(Address) 111 E. Manual Maple Ind.

8-5111