

JUN 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21715

1. PLACE OF DEATH

County St. Louis
 Township North
 City St. Louis (No.)

Registration District No. 845
 Primary Registration District No. 6108

File No.
 Registered No.
 St. Ward

2. FULL NAME

John C. Bass
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara C. Bass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26-1847</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>11</u>
	DAYS <u>06</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Co. Mo.</u>		
FATHER	13. NAME <u>Theophilus Bass</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mildred S. Shannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Clara C. Bass m.</u> (ADDRESS) <u>Russ Springs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Mo.</u> DATE <u>Mar 28</u> 19 <u>36</u>		
19. UNDERTAKER <u>St. Louis Undertaking Co</u> (ADDRESS) <u>Russ Springs Mo.</u>		
20. FILED <u>May 3</u> 19 <u>36</u> <u>R. S. Sheen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936 to May 2nd 1936
 I last saw him alive on May 1st 1936 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Old age
Arteriosclerosis
 Date of onset April 27 1936

Other contributory causes of importance:
None

Name of operation None 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? Yes
 If so, specify
 (Signed) J. H. Wade, M. D.
 (Address) St. Louis, Mo.

