

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.

SEP 29 1936

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

Do not use this space.

23981-1

## 1. PLACE OF DEATH

County OsageRegistration District No. 750Township ShirleyPrimary Registration District No. 6276City Shirley (No.       )St.        Ward       2. FULL NAME Jessie Raymond Bass(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min. 15

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) Mo

MOTHER FATHER

13. NAME Lawrence Bass14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Helen Gray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Lawrence Bass

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shirley Cem. DATE 6-30-3619. UNDERTAKER (ADDRESS) None20. FILED 9/30-36C. D. Johnston  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 193622. I HEREBY CERTIFY, That I attended deceased from       , 19       , to       , 19       .I last saw h.        alive on       , 19       . Death is saidto have occurred on the date stated above, at        m.

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

Unkrown

Date of onset

Died suddenly  
seeming with severe  
painOther contributory causes of importance:       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) R. H. Watson, M. D.(Address) Pomphrey Mo

