

WHILE LIVING WITH UNLAWFUL COHABITATION, PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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.

JAN 21 1937

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

Do not use this space.

45461

1. PLACE OF DEATH

County Macon
Township
City Macon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 137
St. Ward)

2. FULL NAME Harry P Bass

(a) Residence, No. St., Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Petre Bass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Kerkville Mo

13. NAME F M Bass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Mo

15. MAIDEN NAME Mary Burgh

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

17. INFORMANT (ADDRESS) Mrs Harry P Bass Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn cem DATE Dec 19 1936

19. UNDERTAKER (ADDRESS) Delbert Skinner Macon Mo

20. FILED 12/22 1936 Debra Heritar Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1936, to Dec 8 1936
I last saw him alive on Dec 8 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Myocarditis with deceleration Date of onset Probe

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Cerebral 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) Howard Miller, M. D.
(Address) macon mo.

