JUL 10 1937

22707

1. PLACE OF DEATH

County *Jackson*   Registration District No. *359*   File No. _____

Township *Kaw*   Primary Registration District No. *1007*   Registered No. *255*

City *KCMo.*   (No. *1216 West 23rd*   St. _____ Ward)

2. FULL NAME *Nova Junior Bass*

(a) Residence, No. *1216 West 23rd* 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 *Male*

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) *12-11-1931*

7. AGE   YEARS *5*   MONTHS *5*   DAYS *28*   IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) *Kansas City Missouri*

FATHER

13. NAME *Albert E. Bass*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisburg Missouri*

MOTHER

15. MAIDEN NAME *Edna Maddux*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buffalo Missouri*

17. INFORMANT (ADDRESS) *Albert E. Bass 1216 West 23rd*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Palestine Cem.* DATE *June 11-37*

19. UNDERTAKER (ADDRESS) *Mrs. C. L. Dauster 918 Brooklyn Avenue*

20. FILED *6/9* 19*37* *M. M. Brown* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-9-* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *June 7*, 19*37*, to *June 9*, 19*37*.

I last saw h__ alive on *June 9*, 19*37*. Death is said to have occurred on the date stated above, at *1:30* _. m.

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

Tetanus

Date of onset *6-7-37*

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Other contributory causes of importance:

Punctured wound of right forearm.   *8 days*

Name of operation *none*   Date of _____

What test confirmed diagnosis? *symptoms*   Was there an autopsy? *no*

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

Accident, suicide, or homicide? *accident*   Date of injury *May 30, 1937*

Where did injury occur? *On a farm near Carrollton, Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *in orchard on farm*

Manner of injury *punctured wound of forearm*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Ottokar Hofmann*, M. D.

(Address) *806 Rialto Bldg.*

Rialto, Bldg.
Uic 2466.
3-5 P.m.