

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

Do not use this space.

REC'D FEB 25 1939

3469

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. 4)

Registration District No. 689
Primary Registration District No. H701

File No.
Registered No. 3 St. Ward)

2. FULL NAME

John Bass
Smithton,

(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 <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>Mrs. Roberta Bass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1874</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>26</u> If LESS than 1 day, ... hrs. or min.

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. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Louisburg
(STATE OR COUNTRY) Missouri

FATHER	13. NAME <u>Louis Bass</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Louisburg</u> (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Mary Ramsey</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Missouri</u>

17. INFORMANT Mrs. Roberta Bass
(ADDRESS) Smithton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 2/1/39

19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.

20. FILED Feb 2, 1939 Mrs. J. L. Moncey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-39, 19
22. I HEREBY CERTIFY, That I attended deceased from 1-30-39, 19, to 1-30-39, 19.
I last saw him alive on 1-30-39. Death is said to have occurred on the date stated above, at 7:30 P.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance: 22
Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 22
(Signed) E. J. Hoffman M. D.
Smithton (Address) No

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Law & Leonard
215 S. Broadway

Mr. Holliday

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/10/39