

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

Do not use this space.

1. PLACE OF DEATH

County GREENE
Township Jackson
City SPRINGFIELD

Registration District No. 944
Primary Registration District No. 5447 B.

File No. 2846
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Edith J. Bass 200 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Martin V. Bass</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>sep 12. 1846</u>		
7. AGE YEARS <u>91</u> MONTHS <u>4</u> DAYS <u>8</u> If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In home</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) (STATE OR COUNTRY) <u>Stockton Mo.</u>		
FATHER	13. NAME <u>James Madison Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Ann Gore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Fred C. Bass</u> <u>Springfield. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Passville</u> DATE <u>Jan 23 '38</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Hingley</u> <u>Springfield Mo.</u>		
20. FILED <u>Feb. 7 '38</u> <u>Clyde R. Anderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1938

22. I HEREBY CERTIFY That I attended deceased from Mon 20, 1938 to Jan. 15, 1938

I last saw him alive on Jan. 15, 1938 Death is said

to have occurred on the date stated above, at 3 A. m.

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

Arterial Sclerosis Date of onset _____

97

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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) O. H. Focht M. D.

(Address) Springfield Mo.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH