

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH
County Jasper
Township _____ or _____
Village _____ or _____
City Webb City (NO. _____) St.: _____ Ward: _____
Registration District No. 417 File No. 33236
Primary Registration District No. 3021 Registered No. 169
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jewell Comings Bask

PERSONAL AND STATISTICAL PARTICULARS 3 MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED child
(Write the word)

DATE OF BIRTH March 5, 1907
(Month) (Day) (Year)

AGE 5 yrs. 7 mos. 11 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

BIRTHPLACE (City or town, State or foreign country) Fayetteville Mo.

PARENTS
NAME OF FATHER Lewis N. Bask
BIRTHPLACE OF FATHER (City or town, State or foreign country) Wabash Indiana
MAIDEN NAME OF MOTHER Laura P. Walker
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Chariton Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lewis N. Bask
(ADDRESS) Webb City Mo

Filed Oct. 17, 1912 E H Baird
REGISTRAR

DATE OF DEATH Jewell Comings Bask
(Month) 9 (Day) 12 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 16 - Monday, 1912, to Oct 15 at night, 1912
that I last saw him alive on Oct 14 at 11 am, 1912
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Uremie Poisoning
10 (Duration) about 40 hours
130 (Duration) about 40 hours

Contributory (SECONDARY) Cold & Delicate body
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W A Dumberfeld M. D.
Oct 17, 1912 (Address) 203 Main St, Carterville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Webb City Cem DATE OF BURIAL Oct. 17, 1912
UNDERTAKER Webb City Ind. Co ADDRESS Webb City Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

PLACE OF DEATH

County Jasper
 Township _____
 or
 Village _____
 or
 City Webb City (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 417 File No. 33236
 Primary Registration District No. 3021 Registered No. 169

FULL NAME Jewel Comingo Bash

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Child
(Write the word)

DATE OF BIRTH March 5, 1907
(Month) (Day) (Year)

AGE 5 yrs. 7 mos. 11 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Keytesville Mo.

PARENTS
 NAME OF FATHER Lewis H. Bash
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Webb City, Ind.
 MAIDEN NAME OF MOTHER Laura L. Walker
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Chautauq Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Lewis H. Bash
 (ADDRESS) Webb City, Mo.

Filed Oct 17 1912 E. H. Baird
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 15, 1912, to Oct. 15, 1912, that I last saw him alive on Oct. 16, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
uremic poison
Acute Nephritis

Contributory (SECONDARY) Diphtheria
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. A. Dumbauld M. D.
 (Address) Cartersville, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted If not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Webb City Cem. DATE OF BURIAL Oct. 17 1912
 UNDERTAKER Webb City Und. Co. ADDRESS Webb City

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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