

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

Do not use this space.

40739

1. PLACE OF DEATH

County Moniteau Registration District No. 576
Township Harrison Primary Registration District No. 5773
City (No.) St. Ward

2. FULL NAME Bessie Jones

(a) Residence, No. High Point 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th, 1892

7. AGE YEARS 40 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

12. BIRTHPLACE (CITY OR TOWN) High Point (STATE OR COUNTRY) Missouri

13. NAME Clarence Snodder

14. BIRTHPLACE (CITY OR TOWN) High Point Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Flora Tising

16. BIRTHPLACE (CITY OR TOWN) High Point, (STATE OR COUNTRY) Missouri.

17. INFORMANT Roy Jones (ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point, Cem DATE Dec. 28th, 1932

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 1-10-33 J. H. Finke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26th, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932, to Dec. 26, 1932. I last saw her alive on Dec. 26, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

11 A
Influenza and
Spontaneous Abortion 1932
Date of onset Dec 23

Other contributory causes of importance:
Acute Pericystitis 141

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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..... (1)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) W. L. Lewis, M. D.
(Address) Russellville Mo

