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

Do not use this space. Simpson 15678

1. PLACE OF DEATH
County Livingston. Registration District No. 508 File No.
Township Primary Registration District No. 3026 Registered No. 53
City Chillicothe (No. St. Ward)

2. FULL NAME Bessie E Wooden
(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: 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 T. H. Wooden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13-1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	1	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carroll County

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

PARENTS
10. NAME OF FATHER W. J. Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri (STATE OR COUNTRY) Carroll County
12. MAIDEN NAME OF MOTHER Louis A Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE ~~OR COUNTRY~~) Ind

14. INFORMANT T. H. Wooden (Address) Hale Mo. R 2.

15. FILED 5-8 1927 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 6, 1927 that I last saw her alive on May 5, 1927, and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Omentum
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hale Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 5 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms
(Signed) A J Simpson, M. D
May 7, 1927 (Address) Chillicothe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~PLACE OF BURIAL, CREMATION,~~ OR REMOVAL Hale Mo. DATE OF BURIAL 5-8 1927

20. UNDERTAKER F. B. Hooman ADDRESS Chillicothe Mo

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.