

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

Do not use this space.

23419

AUG 18 1927

**1. PLACE OF DEATH**

County Lesmin Registration District No. 875  
 Township Washington Primary Registration District No. 6762  
 City Atlanta (No. ....) St. .... Ward)

File No. ....  
 Registered No. 139

**2. FULL NAME**

Bessie Primm

(a) Residence. No. Zaney Co. St. .... Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1907-D. Ia.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 D. Ia.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work D.K.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) D.K.  
 (STATE OR COUNTRY) Oklahoma

10. NAME OF FATHER J. J. Primm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lucind Robertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.  
 (STATE OR COUNTRY) Virginia

14. INFORMANT Har Records  
 (Address) Nevada, Mo.

15. FILED 7/29 27 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926 to July 20, 1927  
 that I last saw her alive on July 19, 1927, and that death occurred, on the date stated above, at 5:10 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epilepsy  
D.K. (duration) yrs. mos. ds.

CONTRIBUTORY Ray chris  
 (SECONDARY) D.K. (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) S. H. Knapp, M. D.

7/20, 1927 (Address) Nevada, 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 DATE OF BURIAL

State Hospital Cemetery Jul 23 27

20. UNDERTAKER ADDRESS

Allen V Hays Nevada, 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.

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