

30 1928
 N. E.—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.
 15832
 75562

1. PLACE OF DEATH

County Stoddard Registration District No. 840
 Township Seven Creek Primary Registration District No. 6102
 City (No.) St. Ward

File No.
 Registered No. 10

2. FULL NAME

Bessie Kester

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1928

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 = 1925

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had no physician

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 1

2:00 P.M.
20 5 13 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 20 5 13 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Paris Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER George Kester

DID AN OPERATION PRECEDE DEATHY..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

19. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Miss Purina

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Page M. D.
 , 19 (Address) Paris Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

*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.

14. INFORMANT George Kester (Address) Wing Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Duck Creek Cemetery DATE OF BURIAL 4-6-1928

15. April 7, 1928 E. L. Hope REGISTRAR

20. UNDERTAKER Wendman Wheel ADDRESS Paris Mo

