AUG 22 1928

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

Do not use this space.

20043

1. PLACE OF DEATH
County Caldwell
Township
City Polo (No. St. Ward)
Registration District No.
Primary Registration District No. 4061
File No.
Registered No. 5

2. FULL NAME Bessie Lee Alspaugh
(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 J. B. Alspaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22-1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
32	5	17	

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

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

PARENTS
10. NAME OF FATHER Geo. Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton County
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Susan Seaton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT Susan Henderson
(Address)

15. FILED June 10, 1928 O. B. Mauck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1924, to June 9, 1928, that I last saw her alive on June 9, 1928, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23A
(duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Laboratory & Xray
(Signed) C. H. Wilson, M. D
, 19 (Address) Polo 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 Cowgill Mo
DATE OF BURIAL June 11 1928

20. UNDERTAKER C. A. Reed
ADDRESS Cowgill 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD