

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

Do not use this space.

3112

**1. PLACE OF DEATH**

County Ray  
Towship Richmond  
City Richmond (No. .... St. .... Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 35

**2. FULL NAME** Bessie E. Bales

(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**

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 H. E. Bales

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-14-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 - - 14

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

9. BIRTHPLACE (CITY OR TOWN) Knoxville (STATE OR COUNTRY) TN

10. NAME OF FATHER H. E. Pryor

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

12. MAIDEN NAME OF MOTHER Mollie Tiffin

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

14. INFORMANT H. E. Bales (Address) Richmond

15. FILED Jan 31 1929 R. L. Hamblen REGISTRAR  
J. T. Allen Deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-28-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Jan 28, 1929 that I last saw her alive on Jan 27, 1929, and that death occurred, on the date stated above, at 11-30-a-m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. E. Adkins, M. D. Jan 29, 1929 (Address) Richmond 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 Sunny slope DATE OF BURIAL Jan 29-1929

20. UNDERTAKER E. Thurman ADDRESS Richmond TN

K. 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.

