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

Do not use this space.

6103

1. PLACE OF DEATH
County: Gentry
Township: Jackson
City: King City (No. ..... St. ..... Ward)
Registration District No. 312
Primary Registration District No. 4188
File No. .....
Registered No. 4

2. FULL NAME: Bessie Holston Sauckman
(a) Residence. No. King City Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred all of life ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R W Sauckman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17 1884

7. AGE: 44 YEARS | MONTHS: 9 | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Tarkio Mo

PARENTS
10. NAME OF FATHER: John W. Holston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Hannah O'Dell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: R W Sauckman
(Address): King City Mo

15. FILED: Feb 20, 1929 Ann Paulette, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1928 to Feb 18 1929 that I last saw her alive on Feb 18, 1929, and that death occurred, on the date stated above, at 2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Uterus
48 4 6 (duration) ..... 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? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L E Blacklock, M. D
2/19, 1929 (Address) King City, 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: Milton on Fairfax Mo
DATE OF BURIAL: 2-20 1929

20. UNDERTAKER: R G Taggart
ADDRESS: King City

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.

MAR 22 1929

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