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

Do not use this space.

15329

MAY 27 1929

1. PLACE OF DEATH
County: Jasper
Township:
City: Purcell (No. ..... St. ..... Ward)

Registration District No. 394
Primary Registration District No. 4550

File No.
Registered No.

2. FULL NAME: Bessie May Lidenstrucker

(a) Residence. No. Purcell St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. 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: Roy R. Lidenstrucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 4-1896

7. AGE: Years 32 | Months 4 | Days 19 | 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): Mindenmines
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Anna Peck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Nebraska

14. INFORMANT: Roy R. Lidenstrucker
(Address): Purcell, Mo

15. Apr 28, 1929 J. L. Jarnigan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1/29, 1929, to April 23, 1929, that I last saw h. alive on April 23, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dropsy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Confinement

(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) H. G. Hogan, M. D
, 19 (Address) Neck 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: Purcell Cemetery — DATE OF BURIAL: April 25 1929

20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage, 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.

WHITE PAPER, HIGH GRADING INK—THIS IS A PERMANENT RECORD