

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

Do not use this space.  
**16978**

**MAY 29 1929**

**1. PLACE OF DEATH**  
 County..... Stoddard ..... Registration District No. 837  
 Township..... Castor ..... Primary Registration District No. 6099  
 City..... (No. ....) ..... St. .... Ward)

**2. FULL NAME**..... A. W. Bess .....

(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** Male | **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** Kate Bess

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 9-15-1869

**7. AGE** YEARS 59 | MONTHS 7 | DAYS 9 | IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work..... Farmer  
 (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)** Stoddard Co. Mo.

**10. NAME OF FATHER** George Bess

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

**12. MAIDEN NAME OF MOTHER** Caroline Babbs

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

**14. INFORMANT**..... Kate Bess .....

(Address) Bloomfield Mo. R40

**15. FILED** April 29 1929 Edu. Ford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4-24-1929

**17. I HEREBY CERTIFY** That I attended deceased from 1-26-1929 to 4-24-1929 that I last saw him alive on 4-18-1929, and that death occurred, on the date stated above, at 5:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pericarditis with Effusion  
70 B

(duration)..... yrs. 3 mos. .... ds.

**CONTRIBUTORY (SECONDARY)**..... (duration)..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED** home  
 IF NOT AT PLACE OF DEATH.....  
**DID AN OPERATION PRECEDE DEATH?** no DATE.....  
**WAS THERE AN AUTOPSY?**.....  
**WHAT TEST CONFIRMED DIAGNOSIS?**.....  
 (Signed) J. P. Brandow, M. D.  
 (Address) Essex 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** Bluff Cem. **DATE OF BURIAL** 4-25 1929

**UNDERTAKER** J. H. Childs **ADDRESS** Bloomfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

