

JUN 24 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

17150

1. PLACE OF DEATH *Died at Audrain Co Hospital*

County *Audrain* Registration District No. *26*

Township *Johnson* Primary Registration District No. *3002*

City *Mexico* (No.) St. Ward)

2. FULL NAME *Bessie Lee Moore*

(a) Residence. No. *Middletown 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 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*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June - 13 - 1899*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *39 10 19*

8. OCCUPATION OF DECEASED *1448 Wife 1498*

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) *Lincoln Co Mo*

(STATE OR COUNTRY)

10. NAME OF FATHER *W M Morris*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Lincoln Co Mo*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Ida Hammond*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Lincoln Co Mo*

(STATE OR COUNTRY)

14. INFORMANT *Earnest M. Woz*

(Address) *Middletown Mo*

15. *May 2, 1929 Ira S. Milligan*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 2 1929*

17. I HEREBY CERTIFY, That I attended deceased from *April 11 1929*, to *May 2 1929*, that I last saw her alive on *May 2 1929*, and that death occurred, on the date stated above, at *3:30 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Post-partum hemorrhage due to uterine inertia.

Chronic nephritis (albuminuria of pregnancy) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED *Nephritis at Middletown, Mo.*

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF ...

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical findings*

(Signed) *J. C. Pashear* M. D.

5/2 1929 (Address) Mexico, 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 *Middletown Mo* DATE OF BURIAL *5 - 5 - 1929*

20. UNDERTAKER *H. A. Bryant & Son* ADDRESS *Mexico Mo*

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

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.

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