

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

Do not use this space.

17603

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Fighting River Primary Registration District No. 3011
 City Excelsior Springs, Mo. St. _____ Ward _____

File No. _____
 Registered No. 62
 St. _____ Ward _____

2. FULL NAME

Rebecca B. Jesse

(a) Residence. No. 801 Gary St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. H. Jesse</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28 - 1856</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-8 1929
 I HEREBY CERTIFY, That I attended deceased from 1918, 1918, to may 8 1929 that I last saw h. or alive on may 7, 1929, and that death occurred, on the date stated above, at 2 m
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic albumina and Cholelithiasis gastric transverse on excising out of heart muscle
 17. CONTRIBUTORY Boiter & Teresa albumina (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED Clay county
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Fat & clinical
 (Signed) C. A. Dandath, M. D.
 , 19 (Address) Excelsior Springs, Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo
 10. NAME OF FATHER Jackie Thorpe
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
 12. MAIDEN NAME OF MOTHER Emaline E. Thorpe
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT Mrs J M Jesse
 (Address) Excelsior Springs Mo

15. FILED 578 29 40 Crown
 REGISTRAR Robert Hope

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crown Hill DATE OF BURIAL 5-9-29
 20. UNDERTAKER Robert Hope ADDRESS Excelsior Springs 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.

25 1929

