

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

Do not use this space.

12543

1. PLACE OF DEATH

County Jackson

Registration District No. 309

Township Kaw

Primary Registration District No. 1007

City Kansas City (No. St. Joseph Hospital)

File No. 1436

Registered No. 1436

2. FULL NAME

Bessie Marthochi "Monechochi"

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

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Indian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1908

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
22			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student. Sr.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lawton Okla.

10. NAME OF FATHER

Mr. Monstatche

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown Okla.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

14.

INFORMANT Ruth Bronson
(Address) Waskell Inst. Lawrence Kas.

15.

FILED 4/3 1930 M. M. Croone
REGISTRAR
Asst

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1930 to Apr 3 1930
that I last saw him alive on Apr 2 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General septicemia
followed by infection
of left hand
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) accidental cut of left thumb
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF several
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Rose Neal, M. D.

4/2 1930 (Address) 724 Argyle St. 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 DATE OF BURIAL

Lawrence, Kas. Apr 3 1930

20. UNDERTAKER

J. W. Smith Lawrence Kas.

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.

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

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