NOV 21 1930

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

Do not use this space.

85

32196

1. PLACE OF DEATH

County: Buchanan. Registration District No.: 1001 File No.:

Township: Primary Registration District No.: Registered No.: 1180

City: St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Bessie M. Ireland

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

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	28	7	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Own Home

9. BIRTHPLACE (CITY OR TOWN): Elwood
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Joseph Skipton

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Eva Stone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Troy
(STATE OR COUNTRY): Kansas

14. INFORMANT: Charles Ireland
(Address): Madison Kansas

15. FILED NOV 1 1930 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 31 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1930, to Oct 31, 1930, that I last saw h. alive on Oct 31, 1930 and that death occurred, on the date stated above, at 12/55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
436
71A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Sec. anemia
Chr Myocarditis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Madison Kans.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank Hartsough, M. D.
Oct. 31 19 30 (Address) Kenpaster Blg.

*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: Harrington Kansas
DATE OF BURIAL: Nov. 2 19 30

20. UNDERTAKER: H. C. Sidenfaden
ADDRESS: 1802 Union St.

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.