

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

Do not use this space.

PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. Missouri Methodist)

File No. 38571

Registered No. 1301

St. _____ Ward _____

2. FULL NAME Bessie Marion Cagg

(a) Residence. No. 4822 King Hill (Usual place of abode) Ward _____

(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

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

Lawrence Cagg

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

June 8, 1902

7. AGE

YEARS 18

MONTHS 5

DAYS 26

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Home

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

(c) Name of employer

139B
121R
129

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph, Missouri

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Walter Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Andrew County, Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Flossie M. Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Nodaway Co., Missouri

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Lawrence Cagg
St. Joseph, Mo.

15. FILED

12/6, 1930

John G. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

December 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1930, to Dec 4, 1930.

that I last saw her alive on Dec 4, 1930, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, Salpingitis
Septic thrombophlebitis
General Peritonitis
Pneumonia

CONTRIBUTORY (SECONDARY)

Broncho Pneumonia
(duration) _____ yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

139B
IN NOT AT PLACE OF DEATH at her home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 29th 1930

WHAT TEST CONFIRMED DIAGNOSIS

Smear
(Signed) Albert C. Holley M. D.
Dec 5th 1930 (Address) 822 Edmond St. Joseph 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

Mern Park

DATE OF BURIAL

Dec 6 1930

20. UNDERTAKER

Eleman Funeral Home

ADDRESS

1946 Leathain

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.

JAN 19 1931

