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

Do not use this space.

8097

1. PLACE OF DEATH

County ..... Registration District No. ~~1003~~ 791 File No. ~~[illegible]~~

Township ..... Primary Registration District No. ..... Registered No. 2469

City St Louis (No. 103 Russell St. St. ..... Ward)

2. FULL NAME Bessie Anderson

(a) Residence. No. 103-Russell St St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. 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	Col'd	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-12-1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife 235
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oakton
(STATE OR COUNTRY) Ky. ?

PARENTS

10. NAME OF FATHER Ed. Mathews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary Fowlkes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oakton
(STATE OR COUNTRY) Ky.

14. INFORMANT Kattie Fowlkes
(Address) 666 Cornell Web. Groves

15. FILED FEB 24 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-1, 1931, to 2-11, 1931, that I last saw h..... alive on 2/11, 1931, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Regurgitation
GVA
..... (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) [signature]
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) [signature], M. D.
, 19 (Address) 2746 Franklin

*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
Washington Park	2-24 1931

20. UNDERTAKER J. C. Lewis ADDRESS Webster Groves Mo.

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

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.