

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

Do not use this space.

16740

1. PLACE OF DEATH

County Saline
 Township Marshall
 City Marshall (No.)

Registration District No. 796
 Primary Registration District No. 3038

File No.
 Registered No. 74
 St. Ward)

2. FULL NAME

John Calvin Bessy

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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)

Oct. 25 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

5

25

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marshall, Mo.

10. NAME OF FATHER

James T. Bessy

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

Missouri

12. MAIDEN NAME OF MOTHER

Mary Mathis

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

Ind.

MEDICAL CERTIFICATE OF DEATH

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

April 20 1931

17.

I HEREBY CERTIFY That I attended deceased from 17 apr 1931 to apr 20 1931 (that I last saw him alive on 17 apr 1931, and that death occurred, on the date stated above, at 8 pm 1931.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of
left leg
from fall away to floor
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

212 lb
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James T. Bessy, M. D.
4/23 1931 (Address) Marshall, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Urbania, Mo Apr. 26 1931

20. UNDERTAKER

ADDRESS

T. M. Campbell Marshall

PARENTS

14.

INFORMANT (Address)

R. M. Parker
Marshall, Mo.

15.

FILED

5-11 1931 Mrs. John H. McQuinn

REGISTRAR

JUN 29 1931

at 22. 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.

