

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

Do not use this space.

27024

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **3845 Lee Ave.**) St. Ward

File No.....
Registered No. **8229**

2. FULL NAME

Sarah C. Bess
(a) Residence, No. **3845 Lee Ave** St. **10** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Bess		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1880		
7. AGE YEARS 80	MONTHS 10	DAYS 1
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) June 1931	
11. Total time (years) spent in this occupation 60		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waymond Mo		
MOTHER	13. NAME John Richards	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina	
	15. MAIDEN NAME Michael Gordon	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.	
17. INFORMANT (ADDRESS) John Bess 3845 Lee Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Fredrickston Mo DATE July 30 31		
19. UNDERTAKER (ADDRESS) Ed. Webb Fredrickston Mo		
20. FILED JUL 28 1931		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 27 1931**

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **12 P.** m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Senility
93c
16293c

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **John F. Bess** M. D.

7/28/31 Deputy Coroner

Registrar.

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.

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