

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

Do not use this space.

3737

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No. ....) St. .... Ward ....

2. FULL NAME Bessie Moore Freeman  
 (a) Residence, No. 303 N. 5 St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1887

7. AGE YEARS 44 MONTHS 8 DAYS 7 IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

FATHER  
 13. NAME Ed. Crews  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

MOTHER  
 15. MAIDEN NAME Mattie Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT B. W. Freeman  
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Columbia Mo DATE 2-26 1932

19. UNDERTAKER M. B. Vandevanter  
 (ADDRESS) Columbia Mo

20. FILED 2/26/32 Allie Selby  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1932 to 2-23-1932  
 I last saw her alive on 2-23-1932 Death is said to have occurred on the date stated above, at 10:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
agranulocytic angina  
agranulocytosis  
335  
115A  
 Other contributory causes of importance: 235  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? no  
 If so, specify Maurice E. Cooper M. D.  
 (Signed) Parker Hospital  
 (Address) .....

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2

JUL 1 1947