

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

Do not use this space.

1. PLACE OF DEATH

County Jackson County Registration District No. 389
 Township Blair Primary Registration District No. 1
 City Kansas City (No. K.C. 15) Hosp. St. _____ Ward _____

File No. 8761
 Registered No. 1350

2. FULL NAME

Bessie Sands
 (a) Residence, No. 1519 Virginia St. 1 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 - 1900</u> | | |
| 7. AGE <u>29</u> YEARS <u>29</u> | MONTHS <u>10</u> | DAYS <u>11</u> |
| IF LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundress</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>238</u> | |
| | 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) <u>Marshall, Texas</u> | | |
| FATHER | 13. NAME <u>Wash, Washington</u> | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall, Texas</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Lula, Simpson</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall, Texas</u> | | |
| 17. INFORMANT <u>K.C. City T.B. Hospital</u> (ADDRESS) | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshall</u> DATE <u>3-31-1932</u> | | |
| 19. UNDERTAKER <u>H.H. Moore</u> (ADDRESS) <u>1820 E 18th St</u> | | |
| 20. FILED <u>Mar. 31st 1932 M.M. Crowe</u> <u>Registrar.</u> | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1931 to March 21, 1932
 I last saw her alive on March 21, 1932 Death is said to have occurred on the date stated above at 9 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Tuberculosis of the lungs
Tuberculosis of the spine
 Date of onset 5 mos
3 1/2 yrs
4 mos
 Other contributory causes of importance 238

Name of operation None Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H.H. Moore M.D.
 (Address) Blair City, 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.

