

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

Do not use this space.

9874

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 785
 5 Township _____ Primary Registration District No. 3037
 7 City Kirkwood (No. 5254 Monroe Ave) St. _____ Ward _____

2. FULL NAME Bessie Pusey
 (a) Residence, No. 5254 Monroe Ave 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eric Pusey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 — 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Wassalle 2
N.Y.

FATHER 13. NAME John Trotter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston
N.Y.

MOTHER 15. MAIDEN NAME Elizabeth Fields
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wassalle
N.Y.

17. INFORMANT Eric Pusey
 (ADDRESS) 5254 Monroe St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Dickson DATE 3/26 1933

19. UNDERTAKER S. W. Branch
 (ADDRESS) 10034 Harrison

20. FILED 3/26 1933 P. C. Barnett M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1933, to 3/23, 1933
 I last saw him alive on 3/23, 1933. Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Branch - pneumonia Date of onset _____
11A
107A
11A
 Other contributory causes of importance:
depression

(a) 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? no 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 no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. L. Reynolds, M. D.
 (Address) W. C. Branch, 2000

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.

APR 29 1932

