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

Do not use this space.

28929

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No. 1
Township Salem — Primary Registration District No. 5408 — Registered No. 44-32
City ~~Kennett Mo~~ (No. ..... St. ..... Ward)

35

2. FULL NAME Bessie Williamson

(a) Residence, No. ..... 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: T
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Married B F Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22, 1895

7. AGE: YEARS 37 — MONTHS 8 — DAYS 5 — 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): Bernie Mo 1

FATHER
13. NAME: John W Esterline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spenser Co Ind 2

MOTHER
15. MAIDEN NAME: Mary Farmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warie Co Ind

17. INFORMANT (ADDRESS): Elmer Esterline

18. BURIAL, CREMATION, OR REMOVAL: Bernie ~~Mo~~
PLACE Bernie Mo. DATE 9-28, 1932

19. UNDERTAKER (ADDRESS): B M Hopkins, Bernie Mo

20. FILED 10/17, 1932 A. Glenn Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 27, 1932

22. I HEREBY CERTIFY That I attended deceased from July 2, 1932, to Sept 29th, 1932
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus — Date of onset
48
48

Other contributory causes of importance:

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

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) Wheeler Davis, M. D.
(Address) Kennett Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD