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.

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

Do not use this space.
39809
4816

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. K.C. General Hosp. St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Bessie Worden
(a) Residence, No. 2219 Jackson St. 12 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 F.
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 Carl B. Warden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6-1907
7. AGE Years 25 Months 4 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo.

FATHER
13. NAME Aubert Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Olive Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Records Clerk
(ADDRESS) K.C. Gen. Hosp. K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Pk. DATE Dec 17 32
19. UNDERTAKER Rose & Henderson
(ADDRESS) 41 Tenn. K.C. Mo.
20. FILED 12/14/32, 1932 M. McGovern Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1932
22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1932 to 12-14, 1932
I last saw her alive on 12-14, 1932 Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-pneumonia	
107A / 07A	
Other contributory causes of importance:	

Name of operation None 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?
If so, specify
(Signed) J. H. Jennett, M. D.
(Address) K.C. Gen. Hosp. K.C. Mo