

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

Do not use this space.

**1. PLACE OF DEATH**

County Bollinger Registration District No. 67  
 Township Lorraine Primary Registration District No. 4039  
 City Marble Hill (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 22287  
 Registered No. 24

**2. FULL NAME Samuel Daniel Bess**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 29 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 6 24

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

12. BIRTHPLACE (CITY OR TOWN) Bollinger (STATE OR COUNTRY)

13. NAME Jacob Bess

14. BIRTHPLACE (CITY OR TOWN) State Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Hahn

16. BIRTHPLACE (CITY OR TOWN) Bollinger, Co Mo (STATE OR COUNTRY)

17. INFORMANT Dines Bess (ADDRESS) Lutesville,

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenallen DATE July 25 33

19. UNDERTAKER A. J. Baker (ADDRESS) Lutesville, Mo

20. FILED 7-24 1933 C. A. Sanders Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 23 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 23, 1933.  
 I last saw him live on July 23, 1933. 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:

Diagnosis  
Exsanguination  
 Date of onset \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) C. A. Sanders, M. D.  
 (Address) Marble Hill 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

