

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

Do not use this space.

26854

1. PLACE OF DEATH

54 County Lafayette
Towship Waltham
City Alma Mo. (No.)

Registration District No. 454
Primary Registration District No. 4268

File No.
Registered No. 13
St. Ward

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Bess Kootz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
74 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Concordia Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Randell Gordon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Harriet Baltimore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Jay Lee Kootz
(Address) Blackburn Mo.

15. FILED 8/21 1933 J. G. W. Fischer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-13-1933

17. I HEREBY CERTIFY That I attended deceased from Aug 13, 1933, to Aug 13, 1933 that I last saw her alive on Aug 12, 1933, and that death occurred, on the date stated above, at 15.15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis
secondary (duration) yrs. mos. da. 3 2 0
CONTRIBUTORY Gastro intestinal
(SECONDARY) 2 1 0 (duration) yrs. mos. da. 1 0 0

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. A. Richard, M. D.
, 19 (Address) Blackburn Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove Cem DATE OF BURIAL 8/15 1933

20. UNDERTAKER A. B. Brown ADDRESS Alma 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.

SEP 26 1933

PARENTS

