

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

Do not use this space.

1. PLACE OF DEATH

County Rollinger
Township Fillmore
City Grassy

Registration District No. 1096
Primary Registration District No. 5120A

File No. 7789
Registered No. _____
St. _____ Ward _____

2. FULL NAME Minnie Olive Bess

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 T D Bess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) (STATE OR COUNTRY) Madison Co.

FATHER 13. NAME Miles Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Nancy Pridy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mr T D Bess
(ADDRESS) Grassy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ivy Cemetery DATE March 18, 1934

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

20. FILED 4-19, 1934 NO3
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 16, 1934

I last saw him alive on March 16, 1934. Death is said to have occurred on the date stated above, at 7, P. m.

The principal cause of death and related causes of importance were as follows:

Acute Hepatitis

Other contributory causes of importance:

Name of operation None 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? _____ 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) A. F. Wagner, M. D.
(Address) Grassington, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

