

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blair
City Manassas City

Registration District No. 800
Primary Registration District No. Montgall
(No. 7222)

File No. 12866
Registered No. 1613

2. FULL NAME

Rebecca Margaret Bisson

(a) Residence, No. 7222 Montgall St., Ward.

(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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Henry Bisson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1852

7. AGE YEARS 81 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Ky

13. NAME William Buxton Poage

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

15. MAIDEN NAME Mary Dragg

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

17. INFORMANT (ADDRESS) Mrs. A. R. Newland

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballard Mo DATE Apr 10/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED Apr 9 34 M. T. Crone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1934, to 4-7, 1934

I last saw her alive on 4-7, 1934 Death is said

to have occurred on the date stated above, at 11:50 P.

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

Pulmonary congestion
(Hypostatic pneumonia)

Date of onset 4-4-34

Other contributory causes of importance:
General arteriosclerosis
Partial paralysis involving muscles of deglutition.

3-30-34

Name of operation 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? No.

If so, specify

(Signed) ford J. Lowrey, M. D.

(Address) 626 Lathrop Bldg.

Manassas City Mo.

626 Lathrop

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