

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

Do not use this space.

1. PLACE OF DEATH

County Cushaw Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. State Hosp. #2) St. _____ Ward _____

File No. 19578
Registered No. 715

2. FULL NAME Bessie Sales

(a) Residence, No. _____ St. _____ Ward. Kansas City, Mo.
(Usual place of abode) 4335 Bell Fountain
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 Mr. Edward Sales
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1886

7. AGE YEARS 47 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Omaha Neb.

13. NAME unknown

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

15. MAIDEN NAME Alice Bluett

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

17. INFORMANT Edward Sales (ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Omaha DATE June 28, 1934

19. UNDERTAKER Crosby Mortuary (ADDRESS) 1018 1/2 E. 12th St. Omaha

20. FILED JUN 20 1934 John H. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1934

22. I HEREBY CERTIFY That I attended deceased from April 23, 1930 to June 20, 1934
I last saw him alive on June 20, 1934. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Neurosclerosis June 17, 34
Cerebral Arteriosclerosis
with Psychoses prior 4-23-34
Other contributory causes of importance: _____
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) Dr. C. J. Smith, M. D.
(Address) St. Joseph 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.

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