

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

Do not use this space.

SEP 14 1934

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 300 File No. 28553  
Township \_\_\_\_\_ Primary Registration District No. 578 Registered No. 154  
City Cape Girardeau, Mo. - S.E. Mo. Hospital St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME

Bessie Alma Shannon - S. Keston, Mo.  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 23 - 1913</u>		7. AGE		
7. AGE		YEARS <u>20</u>	MONTHS <u>9</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 12, 1934</u>		11. Total time (years) spent in this occupation <u>5 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wiseman, Ark.</u>				
13. NAME <u>Franks Cozyk</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fallon Co. Ark.</u>				
15. MAIDEN NAME <u>Manda Roberts</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fallon Co. Arkansas</u>				
17. INFORMANT <u>Eulis Ray Shannon</u> (ADDRESS) <u>Shelton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. Keston, Mo.</u> DATE <u>8-22-34</u>				
19. UNDERTAKER (ADDRESS) <u>Joseph Underbury Co. Shelton, Mo.</u>				
20. FILED <u>8-22-34</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934, to Aug 22, 1934  
I last saw him alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 9:58 P.M.  
The principal cause of death and related causes of importance were as follows:  
Placenta previa  
144A  
144B  
144C  
Other contributory causes of importance:  
Haemorrhage + shock

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) J. Cochran, M. D.  
(Address) Cape Girardeau, Mo.

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.

