

DEC 18 1934

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

Do not use this space.

39491  
5002

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Gran Primary Registration District No. 1007  
City Kansas City (No. W.C. Gen. Hosp.) St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Bess Infield  
(a) Residence, No. 3821 E 58th Terrace (If nonresident, give city or town and State)  
(Usual place of abode) \_\_\_\_\_

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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 Walter M. Infield 1889

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 2 26

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) Mo13. NAME Ernest Lewis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Gene Willis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) General Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo. DATE Nov. 19, 193419. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons,3911 Broadway.20. FILED 11-17 1934 9 am an Crowe Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 193422. I HEREBY CERTIFY, That I attended deceased from 10-29 1934 to 11-16 1934I last saw her alive on 11-16 1934 Death is saidto have occurred on the date stated above, at 7:40 a.m.

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

Saphemic of centralTherous system -ParasitOther contributory causes of importance: 83

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) P. F. De Maria, M. D.(Address) Asst. Surg. W.C. Gen. Hosp.

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.

