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

JAN 22 1935

Do not use this space.

43340

1. PLACE OF DEATH
County Jackson — Registration District No. 404
Township Washington — Primary Registration District No. #5558
City Hickman Mills (No. ..... , ... St. ..... Ward)

File No. 82
Registered No. .....

2. FULL NAME Bessie Alice Lorimer

(a) Residence, No. Hickman Mills St., ... Ward. (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: 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 Geo. S. Lorimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1889

7. AGE: Years 45 — Months 1 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Ill.

FATHER

13. NAME Wm L. Douglass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Elizabeth Thorne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Geo. S. Lorimer Hickman Mills Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarke Fac. DATE Dec. 21, 1934

19. UNDERTAKER (ADDRESS) H. E. Julien Clarke Fac.

20. FILED 12/20/1934 J. R. Dagg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from Aug 15, 1930, to Dec 19, 1934
I last saw her alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1932
97% 95% GJO	
Other contributory causes of importance	
Mitral stenosis	1924

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) P. T. Bohan, M. D.
(Address) Med Arts Bldg K.C. 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD