

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

Do not use this space.

MAR 20 1935

5417

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3
 Township Genl Primary Registration District No. 2 Registered No. 3
 City Genl (No. General Deep #2) St. 3rd Ward

2. FULL NAME

Bessie Davis
 (a) Residence, No. 1409 Virginia 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>-1889</u>		
7. AGE	YEARS <u>46</u>	MONTHS DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>La.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>7-15-1935</u>		
19. UNDERTAKER (ADDRESS) <u>Sauer-Carp & Irving</u>		
20. FILED <u>7/15 35</u> <u>M.M. Crow</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1935 to 2-7 1935
 I last saw him alive on 2-7 1935 Death is said to have occurred on the date stated above, at 5:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Pulmonary Tuberculosis with Cavitation on the right
 Date of onset
 Other contributory causes of importance:
Sepsis
 Name of operation No Date of No
 What last confirmed diagnosis? No 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? No
 If so, specify _____
 (Signed) D. Stroyer M.D.
 (Address) General Deep #2

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.

