APR 1 2 1935

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

Do not use this space.

7968

1. PLACE OF DEATH

County Andrew — Registration District No. 15

Township Platte — Primary Registration District No. 3819

City ..... (No. ½ Mile N., Whitesville ..... St. ..... Ward)

File No. .....

Registered No. 7

2. FULL NAME Stella Maude Jessup

(a) Residence, No. ½ Mile N. Whitesville St., MO. Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Jessup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	3	4	

OCCUPATION

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) March 1935 — 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

FATHER

13. NAME Jacob Wall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Eliza Reece

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

17. INFORMANT Ben Jessup
(ADDRESS) Rea Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long Branch Cem. DATE March 31 1935

19. UNDERTAKER Frank A Bowman
(ADDRESS) Savannah, Mo.

20. FILED April 1, 1935 — Mrs E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 22, 19...., to ....., 19.....
I last saw her alive on Mar 26, 1935. Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/22 1935
8281	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) E. M. Reynolds, M. D.
(Address) Union Star 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