

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **St. Louis**No. **DeSage Hosp.**

File No.

11138

Registered No. **2774**

St. Ward)

2. FULL NAME **Bessie Lee Harvey**(a) Residence, No. **4644** **Graves** St. **15** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **21** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10 - 08**7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 10 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sales Lady**

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) **Missouri**13. NAME **Joseph Harvey**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**15. MAIDEN NAME **Genette Calvin**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT **Ethel Marie Parker**
(ADDRESS) **4644 Graves**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Valhalla** DATE **Mar. 26 35**19. UNDERTAKER **W. B. Maydell**
(ADDRESS) **1926 Patton St**20. FILED **MAR 25 1935** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 23 1935**22. I HEREBY CERTIFY, That I attended deceased from **Mar. 20, 1935, to Mar. 23, 1935**I last saw her alive on **Mar. 20, 1935**. Death is saidto have occurred on the date stated above, at **2 P. m.**

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

Acute hepatitis about 3/16/35
Cause hepatic
Cholecystitis with stones

Other contributory causes of importance:

PneumoniaName of operation **108** Date ofWhat 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?

If so, specify

(Signed) **J. Bredeck** M. D.(Address) **DeSage Hospital**
St. Louis 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.

