

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.

JUN 19 1935

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

Do not use this space.

✓15839

1. PLACE OF DEATH

County Cass Registration District No. 756
Township Grand River Primary Registration District No. 499e
City Harrisonville (No.) St. Ward)

File No.
Registered No. 27

2. FULL NAME Bessie Amy Terry

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Jasper Thomas Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 24

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) St. Clair Co. (STATE OR COUNTRY) Mo.

13. NAME John Greer

14. BIRTHPLACE (CITY OR TOWN) Gerster, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Janie Wyatt

16. BIRTHPLACE (CITY OR TOWN) Gerster (STATE OR COUNTRY)

17. INFORMANT Jasper Terry (ADDRESS) Freeman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman DATE May 5 1935

19. UNDERTAKER Johnson Bros. Entol (ADDRESS) Harrisonville, Mo.

20. FILED 5/7 1935 D. S. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 6 1935

I last saw him alive on May 6 1935 Death is said to have occurred on the date stated above, at 9:05 p. m.

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

Surgical shock
from operation
of gall bladder
(cholecystectomy)

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 5/5-35

What test confirmed diagnosis? None Was there an autopsy? 70

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

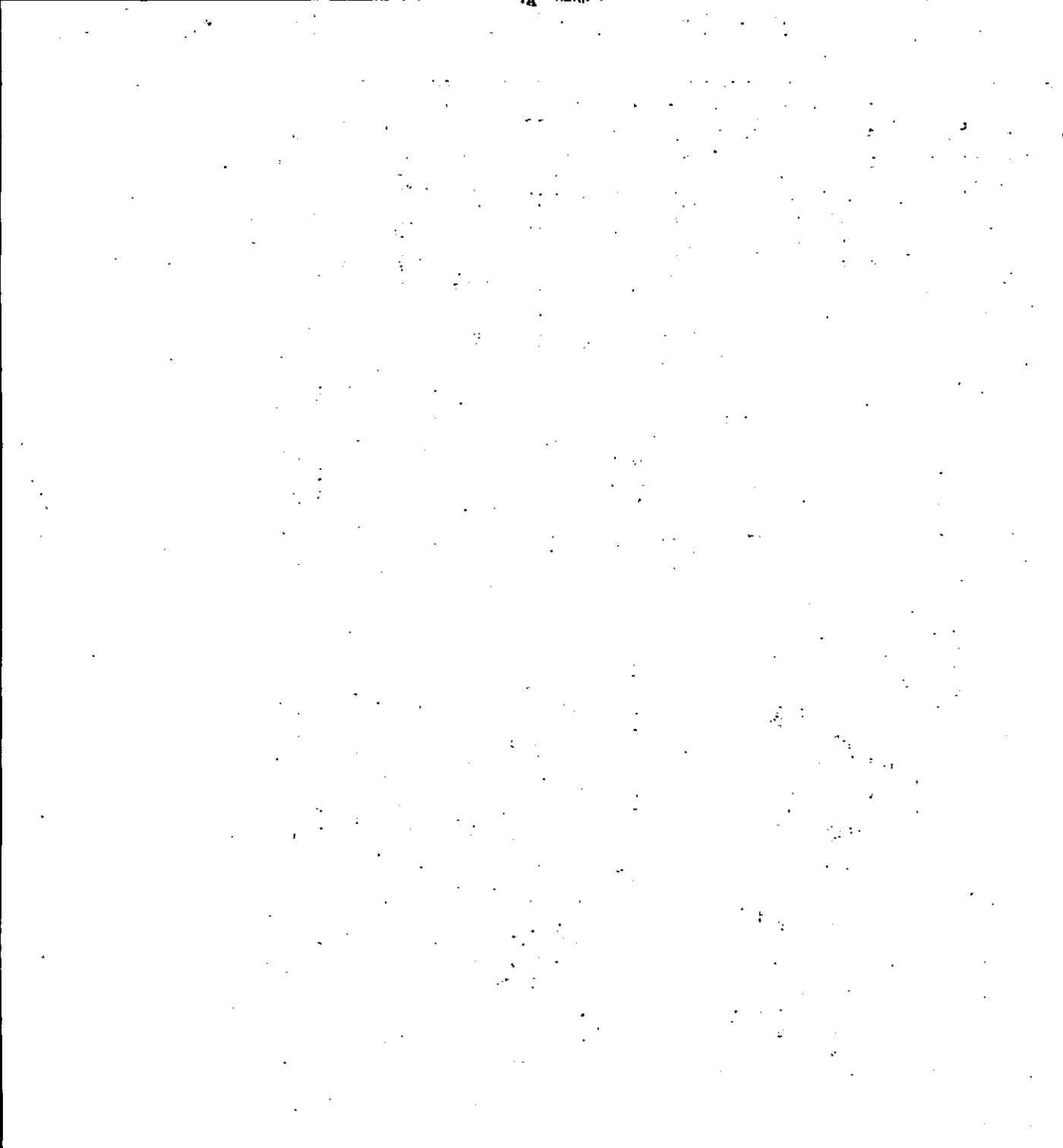
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Shone M. D.

(Address) Harrisonville, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cass
Township
City (No.)

Registration District No. 156
Primary Registration District No. 4090

File No.
Registered No. 27 St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED F11 1935 Shroy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....

I last saw h..... alive on, 19.... 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:

Surgical shock from operation for bladder cholecystitis
cholecystectomy
non malignant
no stones

Date of onset

Other contributory causes of importance:

Name of operation Date of 5/5/35

What test confirmed diagnosis?, as there an autopsy?

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) David A. Long M.D.
(Address) Harrisonville, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Every item of information should be carefully supplied. A fee should be stated EXACTLY. REGISTRARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 10 1935

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