

JUN 24 1935

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

Do not use this space.

16584

1. PLACE OF DEATH

County Jackson Registration District No. 11
Township Wood Primary Registration District No. 11
City N.C. Mo (No. Vineyard Park, Hosp., St. Ward)

2. FULL NAME

Bessie Scott Jackson
(a) Residence, No. Widgway, Mo. St. Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-31-1862</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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>Iowa</u>		
FATHER	13. NAME <u>Wm Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda Lentner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Miss Jackson</u> <u>Widgway, Mo. N.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Widgway, Mo.</u> DATE <u>May-17-1935</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. E. E. Foster</u>		
20. FILED <u>5-18-35</u> <u>amc</u> <u>Crowe</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from March 31 1935 to May 18 1935
I last saw her alive on May 17 1935 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:
Gangrene of foot. Date of onset 3-20-35
59
Other contributory causes of importance:
Diabetes Mellitus +
Arterio Sclerosis 1933.
Name of operation amp toe + dressing Date of Mar 31-35
What test confirmed diagnosis? ly Was there an autopsy? ly

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ly Date of injury ly, 19ly
Where did injury occur? ly (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ly
Nature of injury ly

24. Was disease or injury in any way related to occupation of deceased? ly
If so, specify ly
(Signed) J. E. Sheldon, M. D.
(Address) 922 Walnut
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.

