

AUG 14 1935

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

Do not use this space.

22634

1. PLACE OF DEATH

County Quincy Registration District No. 288
Township 2 Primary Registration District No. 0406
City Kennett Mo (No.) St. Ward)

2. FULL NAME

Bessie Mc Cormick
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mc Cormick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1907
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 10 26

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) Mo13. NAME John Stephens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Edith Chapman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT John Mc Cormick
(ADDRESS) Kennett Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE July 17 3519. UNDERTAKER James Reid & Co
(ADDRESS) Kennett Mo20. FILED Aug 7 1935 Paul Pross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 193522. I HEREBY CERTIFY (That I attended deceased from July 3 1935, to July 16 1935)

I last saw him alive on July 30 5:30 p.m. 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
Myocardial Coronary
Malaria Fever
Acute

Date of onset

Other contributory causes of importance:

Name of operation: NO Date of: NOWhat test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury: NO, 1935Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: NONature of injury: NO24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify: NO(Signed) James C. Reid, M. D.(Address) Kennett 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.

