

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.

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

Do Not

22861

AUG 16 1935

1. PLACE OF DEATH

County

Township

City

Howard.

Payette,

(No.

Registration District No.

Primary Registration District No.

378

4222

File No.

Registered No.

39

St.

Ward)

2. FULL NAME

Elnora Jane Besgrove.

(a) Residence, No.

(Usual place of abode)

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

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

Harry Besgrove.

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

7/9th 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

0

15

OCCUPATION

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)

Pennsylvania

13. NAME

S. B. Kanepp.

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

Pennsylvania,

15. MAIDEN NAME

Hanna Graham.

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

Pennsylvania.

17. INFORMANT

(ADDRESS)

Harry Besgrove.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walnut Ridge.

DATE

July 26, 1935

19. UNDERTAKER

(ADDRESS)

Guy M. Halley, Mo.

20. FILED

Aug 8, 1935

V. C. Bonham

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 24, 1935

22. I HEREBY CERTIFY

that I attended deceased from

June 1, 1935, to July 24, 1935

Last saw her alive on July 24, 1935

Death is said

to have occurred on the date stated above, at 12 m.

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

Carcinoma of Pancreas with Metastasis

Date of onset

Dec 1934

Other contributory causes of importance:

In good condition

May 1935

Name of operation

None

Date of

What test confirmed diagnosis?

Autopsy

Was there an autopsy? Yes

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? no

If so, specify

(Signed)

W. A. Bloom

M. D.

(Address)

Fayette Ind

in this space.