

DEC 18 1935

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

Do not use this space.

39144

1. PLACE OF DEATH
 County Dublin Registration District No. 289
 Township Malden Primary Registration District No. 4173
 City Malden (No. _____) St. _____ Ward _____

2. FULL NAME Rebecah Alice Bess
 (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.

File No. _____
 Registered No. 47
 St. _____ Ward _____

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 W. G. Bess

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Nov 1935 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Tenn.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) W. G. Bess

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 12-8

19. UNDERTAKER (ADDRESS) H. L. Craig Malden Mo

20. FILED 12-8 1935 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935, to Dec - 6 1935.
 I last saw her alive on Dec - 6 1935 Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Other contributory causes of importance:
108

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Horner Beall, M. D.
 (Address) Malden 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.

A. E. B.

