JAN 17 1936

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

Do not use this space.

40109

File No.

Registered No. 68

55-14

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township ~~Aurora~~ — Primary Registration District No. 4280

City Aurora (No. 329 East Rock St. Ward)

2. FULL NAME Bessie Brees

(a) Residence, No. 329 East Rock 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	12	

OCCUPATION

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) (STATE OR COUNTRY) Christian County Missouri

FATHER

13. NAME James Coffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri

MOTHER

15. MAIDEN NAME Ida Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Missouri

17. INFORMANT Mrs Ida Turrentine
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Dec. 15 1935

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED Dec 11 1935 R. H. Courson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1935, to Dec 11 1935

I last saw her alive on Dec 11 1935. Death is said to have occurred on the date stated above, at 3.00 P.M.

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

	Date of onset
Carcinoma of stomach	Not Know

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was 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? no

If so, specify

(Signed) Neil Smith, M. D.

(Address) 121 West Pleasant Aurora Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.