

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

Do not use this space.

19365

JUN 23 1936

1. PLACE OF DEATH

County Johnson

Registration District No. 431

Township Warrensburg

Primary Registration District No. 3023

City Warrensburg (No.)

File No.

Registered No. 62

St. Ward

2. FULL NAME

Mackie L. Bezell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-29, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Bezell

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936 until May 29, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-7, 1865

I last saw alive on May 29, 1936 Death is said to have occurred on the date stated above, at 7:45 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 8 22

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

Pneumonia Date of onset 5-20

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

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) Warrensburg, Mo.

13. NAME John R. Lobban

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville, Va.

15. MAIDEN NAME Elizabeth Gelkegon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

17. INFORMANT (ADDRESS) Ernest A. Lobban, Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE May 31, 1936

19. UNDERTAKER (ADDRESS) Swainey Phelps, Warrensburg, Mo.

20. FILED May 30, 1936 Ernest A. Lobban Registrar

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) Ernest A. Lobban, M. D.

(Address) Warrensburg, 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.

