AUG 24 1936

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

Do not use this space.

26571

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1217 Brush Creek Blvd St. 241 Ward)

2. FULL NAME Bess L Erickson
(a) Residence, No. 1217 Brush Creek St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe
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 Carl Oscar Erickson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-1-1886
7. AGE Years 49 Months 7 Days 10 If LESS than 1 day, ...hrs. or ....min.

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) Seward Co Nebraska

FATHER
13. NAME Isaac Harden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary C Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Carl Oscar Erickson 1217 Brush Creek
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE July-14 1936
19. UNDERTAKER (ADDRESS) Lewis Weathers Sons Kansas City Mo
20. FILED 7-13 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1935, to June 25, 1936
I last saw her alive on June 25, 19.... Death is said to have occurred on the date stated above, at 11 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension -	
Aortic insufficiency	
Angina pectoris -	
92 A	

Other contributory causes of importance:
Hypertension -

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.
This patient was seen by Dr Jos Nesbitt after her death which occurred
Manner of injury
Nature of injury Suddenly 7/11/36.
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Ronald Davis, M. D.
(Address) 1025 Professional Bldg.

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.

1025 Prof.
11-4