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.

SEP 29 1936

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

Do not use this space.

30825

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kansas — Primary Registration District No. 1002 — Registered No. 3619
City Kansas City (No. 1306 Charlotte St. Ward)

2. FULL NAME Bessie Beatrice Eggleson
(a) Residence, No. 1306 Charlotte 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1890

7. AGE: YEARS 46 — MONTHS 3 — DAYS 27 — 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) Missouri

FATHER
13. NAME John Gideon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Rena Simms
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dyke Eggleson, Pryor Oklahoma

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pryor Oklahoma DATE August 7 1936

19. UNDERTAKER (ADDRESS) John J. Sheehan, Kansas City Missouri

20. FILED Aug 5, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Aug, 19..
I last saw her alive on July 31, 1936 Death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset
131

Other contributory causes of importance:
Decompensated Heart
Ch. Interstit. nephritis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

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) Hugh A. Gestring, M. D.
(Address) 303 Unitherapy Bldg

Xa 64400