

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

Do not use this space.

36811

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

85
Registration District No. _____
Primary Registration District No. 1001
Mo. Methodist Hosp

File No. _____
Registered No. 1340
St. _____ Ward _____

2. FULL NAME

Bessie N. Ring
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Wathena Kas
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles W. Ring</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8 1877</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 20 1936</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchison Co Mo.</u>		
FATHER	13. NAME <u>Andrew Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Alice May Burlington Jct. Mo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Charles W. Ring</u> (ADDRESS) <u>Wathena Kas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Oct. 26 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Charles W. Ring</u>		
20. FILED <u>Oct 26 1936</u> <u>Wathena Kas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 20 1936 to Oct 23 1936
I last saw her alive on Oct 23 1936 Death is said to have occurred on the date stated above, at 7:50 P.M.
The principal cause of death and related causes of importance were as follows:
Quarian cyp
Fibromyosarcoma of uterus
Uterine leiomyosarcoma
5 yrs duration
Date of onset _____

Other contributory causes of importance:
Shock - postoperative

Name of operator Complet Listerkamp Date of _____
What test confirmed diagnosis? operation 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) S. E. Sauer, M. D.
(Address) St. Joseph, 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.

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