CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

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

Do not use this space.

42388

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 213
City Jennings (No. 2111 McLaren St. Ward)

2. FULL NAME Bessie Ames,
(a) Residence, No. 2111 McLaren 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/28/1883.

7. AGE: YEARS 53 — MONTHS - — DAYS 14 — 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.: home
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): North Carolina,

FATHER
13. NAME: David Day,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina,

MOTHER
15. MAIDEN NAME: Laura Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Carolina,

17. INFORMANT (ADDRESS): John Ames, 2111 McLaren, Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE 11/15/36, 19

19. UNDERTAKER (ADDRESS): Bensiek-Niehaus 1138 N. 6th Street.

20. FILED 11/13/36 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/12/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:
Chr. cholecystitis; Chr. lithiasis; Was cared for under surgical procedure on two different occasions at St. Louis County hospital--two or three years ago. Chr. obesity extreme, Mast varicosity of both limbs.
Other contributory causes of importance:
Pulmonary arterial occlusion of organized embolism, evidently from varicosed limbs, shutting off pulmonary circulation.
Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes.

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? .....
If so, specify .....
(Signed) Luke B. Turner, M. D. 11/13/36
(Address) 3718 Jennings Rd.
Lowner St. Louis Co. N.Mex.