MAY 28 1937

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

Do not use this space.

16930

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No.
Township Castor — Primary Registration District No. 5727 — Registered No. 26
City (No. , St. Ward)

2. FULL NAME Jackie Lee Bess
(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

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1937
7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Madison Co Missouri

FATHER
13. NAME Earl Bess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yount Perry Co Mo.

MOTHER
15. MAIDEN NAME Lorene Tinnin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT (ADDRESS) Earl Bess Yount Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Yount Mo DATE Apr 22 37
19. UNDERTAKER (ADDRESS) Ed H Webb Fredericktown
20. FILED April 21, 1937 S. C. Slaughter Registrar.
By C. D. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1937 to Apr 21, 1937
I last saw him alive on Apr 20, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:
Infantile Asphyxiation (Atelectasis)
Date of onset
Other contributory causes of importance: —
161a
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) W Harry Barron, M. D.
(Address) Fredericktown 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.