

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

Do not use this space.

JUN 16 1937

1. PLACE OF BIRTH

1 County Adair Registration District No. 4 File No. 19273  
2 Township                      Primary Registration District No. 3001 Registered No. 98  
7 City Wentzville (No.                     ) Grim - Smith Hosp. Bldg. St.                      Ward                     

2. FULL NAME Ma Bessie Overfield

(a) Residence, No.                      St.                      Ward.                       
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 or (OR) WIFE OF Geo. Overfield, Jr.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1900  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 3 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25 1937  
22. I HEREBY CERTIFY, That I attended deceased from 4/24 1937 to 5/25 1937  
I last saw h.                      alive on 5/25/ 1937 Death is said to have occurred on the date stated above, at                      m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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                     

Post-operative shock  
48  
Other contributory causes of importance: Cancer of uterus fundi uteri 1937?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spheryler Mo  
13. NAME Geo. Aldridge  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Maurice Anderson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation Pan-hyptenotomy Date of 5/25/37  
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.                     

17. INFORMANT Mr Geo Aldridge  
(ADDRESS) Wentzville, Mo  
18. BURIAL CREMATION, OR REMOVAL                       
PLACE Laura Ridge DATE May 28, 1937  
19. UNDERTAKER Herb A Barnett  
(ADDRESS) Wentzville, Mo  
20. FILED May 28 1937 Spencer Freeman  
Registrar.

Manner of injury                       
Nature of injury                       
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify                       
(Signed) J. K. King, M.D. M. D.                       
(Address) Wentzville, 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.

