

AUG 19 1937

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

Do not use this space.

PLACE OF DEATH  
County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH, (No. 1207 FIFTH AV ENUE, St. 805 Ward)

File No. 26717  
Registered No. 805

2. FULL NAME BESSIE GLEAVES LEWIS  
(a) Residence, No. 1207 FIFTH AV ENUE, St. 805 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 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 DIVORCED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 24, 1888  
AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 7 24

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) NODAWAY MISSOURI

FATHER 13. NAME OSCAR JONES,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KEE CO. IOWA,

MOTHER 15. MAIDEN NAME OLLIE TALBERT,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NODAWAY MISSOURI.

17. INFORMANT MRS. OLLIE JONES, (ADDRESS) ST JOSEPH, MO. 1207 5TH AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY, DATE JULY 20, 1937

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COL HOUN ST ST JOSEPH MO

20. FILED July 20 1937 A J Westfash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 18, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from DEC 24, 1935, to July 16, 1937  
I last saw her alive on July 16, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset ?

Other contributory causes of importance:

Name of operation Cloned Date of ?  
What test confirmed diagnosis? Cloned 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) Dr. E. B. McAlister, 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.

