

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 3019

City Independence (No. 100) St. Ward

Sanitarium

File No.

37844

Registered No.

343

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-11-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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

Labourer

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)

Baguza Czechoslovakia

13. NAME

Wesley Besma

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Baguza Czechoslovakia

15. MAIDEN NAME

Mary Bahal

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

Baguza Czechoslovakia

17. INFORMANT (ADDRESS)

Wesley Besma Independence Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACED IN CRYPT DATE Oct 26 1937

19. UNDERTAKER (ADDRESS)

George C. Gorman Independence Mo

20. FILED

10-29-37 F. D. Cook Registrar

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

10-23-1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him leave on 19 to 19 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Subdural hemorrhage
7 Skull

Other contributory causes of importance:

Name of operation new Date of 1937

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. Unknown Date of injury Oct. 23, 1937

Where did injury occur? Unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blows on head

Nature of injury Subdural hemorrhage 7 x Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. G. Smyth, M. D.

(Address) Independence 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.

