

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

Do not use this space.

78 1. PLACE OF DEATH  
 County Genesee Registration District No. 114  
 Township Madison Primary Registration District No. 5869 ✓  
 City Fortragville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Bessie Day 000  
 (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.

File No. 3633  
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>	
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charley Day</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-21-1890</u>			
7. AGE	YEARS <u>47</u>	MONTHS <u>1</u>	DAYS <u>21</u>
IF LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
	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) <u>Evansville Ind</u>			
FATHER	13. NAME <u>William Byers</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
MOTHER	15. MAIDEN NAME <u>Mary Allen</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
17. INFORMANT (ADDRESS) <u>Laney Stallings</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Fortragville</u> DATE <u>2-2</u> 19 <u>38</u>			
19. UNDERTAKER (ADDRESS) <u>M. Payne</u>			
20. FILED <u>789</u> 19 <u>38</u> <u>Mary W. Cook</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Feb 1</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 12</u> 19 <u>37</u> , to <u>Feb 1</u> 19 <u>38</u>	
I last saw him/her alive on <u>Feb 1</u> 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>12:10</u> P.M.	
The principal cause of death and related causes of importance were as follows: <u>Tuberculosis of Pulmonary #</u> Date of onset <u>1925</u>	
Other contributory causes of importance: _____	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
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? <u>No</u> If so, specify _____ (Signed) <u>R. C. Lusk</u> 1, M. D. (Address) <u>Fortragville, Mo</u>	



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3638  
Do not use this space.

1. PLACE OF DEATH

(a) County Jennipott Registration District No. 114  
(b) Township Shodair Primary Registration District No. 3869  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3

2. PRINT FULL NAME Bessie Day

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47 1 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... 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:

Tuberculosis  
Primary

Date of onset

Other contributory causes of importance:

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?.....

If so, specify

(Signed) R. C. Conrad, M. D.

(Address) Partageville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

S-3683 1938