

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

Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

County St. Clair Registration District No. 1025 File No. 11946
 Township Washington Primary Registration District No. 6007 Registered No. 2
 City (No. _____ St. _____ Ward)

2. FULL NAME Melissa Ann Bess 200

(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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~
 HUSBAND OF John Bess
 OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Gasconade Mo

13. NAME Nelson Tucker

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

15. MAIDEN NAME Elizabeth Edwards

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

17. INFORMANT Jim Bess
 (ADDRESS) Caplog Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greton Cem. DATE Mar 30 1938

19. UNDERTAKER Joseph and Lu Stare
 (ADDRESS) Caplog Mills Mo.

20. FILED Mar 30 1938 O. E. Burton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1938 to Mar 29 1938

I last saw her alive on Mar 7 1938. Death is said to have occurred on the date stated above, at 4:40 pm.

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

Cerebral Hemorrhage

Other contributory causes of importance: High Blood pressure

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) D. E. D. Brown D.O.

(Address) Callins 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.

