

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.

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

17782
Do not use this space.

REC'D JUN 14 1938

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 2001 Registered No. 558
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Jane McPherson 216
(a) Residence, No. Wathena, Kansas St. Wathena, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew McPherson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 16, 1907</u>				
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norton, Kansas</u>			
	13. NAME <u>Cyrus Edward Case</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Mabel Blachley</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Andrew McPherson</u> (ADDRESS) <u>Wathena, Kansas</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938 '19
22. I HEREBY CERTIFY, That I attended deceased from 5-24-1938 to 5-24-1938.
I last saw her alive on 5-24-1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary embolism
145W
Other contributory causes of importance:
Pneumonia
Name of operation Curettement Date of 5-17-38
What test confirmed diagnosis? factory 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 Pneumonia _____, M. D.
(Signed) Paul Ferguson
(Address) Tootle Bldg. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belmont Cemetery DATE May 27, 1938
Wathena, Kansas
19. FUNERAL DIRECTOR Hatter Meierhoffer
(ADDRESS) 1302 Faraon, St. Joseph
20. FILED 5/27 38 H. J. Nestleburgh
Local Registrar

