

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County TaneyRegistration District No. 957File No. 30205Township OliverPrimary Registration District No. 6130Registered No. 26City Hollister (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 200 Hollister 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

Female

4. COLOR OR RACE

White

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

widow

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

Oliver Besse

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

June 2 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

9125

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.

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)

Milgrove Ohio

MOTHER FATHER

13. NAME

J. Dan. Pease

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

Don't know

15. MAIDEN NAME

T. Bortew

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

Don't know

17. INFORMANT (ADDRESS)

P.R. Besse Hollister Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walnut Shade DATE Aug 7 1938

19. UNDERTAKER (ADDRESS)

no - John H. Bader

20. FILED

8/7 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1938 to Aug 6 1938I last saw her alive on Aug 5 1938 Death is saidto have occurred on the date stated above, at 200

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

Myocarditis

Date of onset

8/1/38

Other contributory causes of importance:

Senility

Name of operation

none

Date of

What test confirmed diagnosis? none 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)

A. T. Evans, M. D.

(Address)

Branson, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-55

Date Filed 9-20-38