

1939 APR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)Registration District No. 774
Primary Registration District No. 446512138
File No.
Registered No. 853 St. Ward)2. FULL NAME Mariah Bess(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 F 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 Albert Bess6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-18527. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 11 20OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk, saw mill, bank, etc. bookkeeper
10. Date deceased last worked at this occupation (month and year) 3-7-37 11. Total time (years) spent in this occupation 6412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, MoFATHER 13. NAME Kaleb Berry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME Nancy White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. B.C. Francis (ADDRESS) F. R. Mo18. BURIAL, CREMATION OR REMOVAL Funerary Home, Madison, Mo DATE 3-11 193919. UNDERTAKER Baldwell Bros (ADDRESS) Flat River20. FILED 3-29 1939 B. B. Tanner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 193922. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to March 9 1939I last saw her alive on March 9 1939. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Pulmonary Edema - Cerebral anemia
Cardiac Deкомпensation - myocarditis Date of onset Apr. 1939Other contributory causes of importance:
Chronic Catarrh - hepato-renalName of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) M. A. Redding M. D.
(Address) Flat River, Mo

