

187 OCT 13 1939

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

31829

Do not use this space.

1. PLACE OF DEATH

(a) County Bellinger Registration District No. 69
(b) Township Sturdivant, Mo. Primary Registration District No. 41, 12
(c) City Sturdivant, Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 203 John L. Bess St. St.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geleena Bess
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
61 11 11

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) Brewerswood, Mo.

13. NAME Peter Bess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) George Bedwell
Sturdivant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sturdivant, Mo. DATE Aug 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Advance
Sturdivant, Mo.

20. FILED 1914 1939 Mrs John Berry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1939, to August 24, 1939
I last saw him alive on August 24, 1939. Death is said to have occurred on the date stated above, at 7:30 pm.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
92%
Date of onset

Other contributory causes of importance:
A Very bad Heart Action & initial
Valvular & practically gone, Malarial
fever with chills.

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) E. J. Masters M.D.
(Address) Advance, 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.

WHILE PLAINES, WITH OUTGOING INFORMATION IS A PERMANENT RECORD

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF DEATH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.