

FILED JUN 14 1940

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

Do not use this space.

17817

1. PLACE OF DEATH

County... BollingerTownship... LibertyCity... Sank Mo.

2

0

(No.

Registration District No. 67Primary Registration District No. 5704

File No.

Registered No.

St.

Ward)

2. FULL NAME

2nd Peter Lafayette Bess,(a) Residence, No. Bollinger Co. New Rural

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widower,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

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

Nov, 1, 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

76629

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer.

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)

Bollinger Co.,

(STATE OR COUNTRY)

FATHER

13. NAME

Anderson Bess,

14. BIRTHPLACE (CITY OR TOWN)

Dont Know

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Dont Know,

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Earl J. Bess
Sank Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clubb Creek

DATE

June 1st40

19. UNDERTAKER

(ADDRESS)

Baker Funeral Home,
Lutesville, Mo.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st 1940

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3-A m.

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

Congestive 2 feet
Diabetes
51

Date of onset

Other contributory causes of importance:

Infirmities 2 age

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?.....

If so, specify.....

(Signed) Anderson J. Baker, Coroner
961 (Address) Lutesville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X0314

Officer
Liberty
Bank

Patrol (all) ...

Patrol ...

Patrol ...

Patrol ...

Officer ...

Patrol ...

Patrol ...

Patrol ...
Patrol ...
Patrol ...

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17817
Registrar's No. 6

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 67

Primary Registration District No. 3104

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
BOWENA MOORE

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Peter Lafayette Bear
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 29 If less than one day _____ h. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-6-1940 Mrs H. A. Sellers (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31 year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) *

(c) Means of injury _____

23. Signature Andrew Baker (M. D. or other) _____

Address Liberty Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

S-17817