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

Do not use this space.

22076

1. PLACE OF DEATH
County Madison
Township
City Fredericktown, Mo (No. ..... St. ..... Ward)
Registration District No. 136
Primary Registration District No. 2027
File No.
Registered No.

2. FULL NAME Pinkney 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.

JUL 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 30, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bessville, Mo

PARENTS
10. NAME OF FATHER: John Bess
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bessville Mo.
12. MAIDEN NAME OF MOTHER: Peggy Sitzes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bessville Mo.

14. INFORMANT: Mrs Jane Bess
(Address) Fredericktown Mo.

15. FILED 30, 1931 C. W. Davis REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-1, 1931, to 6-8, 1931, that I last saw him alive on 6-7, 1931, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma on hand
53E
92A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Valvular heart lesions
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W Henry Boorom, M. D
6/9, 1931 (Address) Fredericktown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Christian Cem. city
DATE OF BURIAL: June 10 1931
20. UNDERTAKER: Ed H. Webb, Fredericktown Mo.
ADDRESS