

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

Do not use this space.

41050

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 1003
 City Linn No. 1022 Vine Street

File No. _____
 Registered No. 5038
 St. _____ Ward _____

2. SOLE NAME

Bessie Mae Andrews
 (a) Residence, No. 1022 Vine 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1893

7. AGE YEARS 38 MONTHS 10 DAYS 24 If LESS than 1 day, _____ hrs. _____ min.

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 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) Kansas

13. NAME William Dabbs

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

15. MAIDEN NAME Elizabeth

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

17. INFORMANT Thos Andrews

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette, Mo DATE 12/22/1931

19. UNDERTAKER Matthias Brodnick Co

20. FILED 17 21 1931 M. M. Crove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1931 to Dec 18 1931

I last saw her alive on Dec 18 1931 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Relapsing Tuberculosis Date of onset 23rd 1910
10th 29

Other contributory causes of importance: Pneumonia

9 Name of operation _____ Date of _____

What test confirmed diagnosis? cult 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) W. E. Crove M. D.
 (Address) 1022 Vine

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.

