

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25034  
Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 181  
 (b) Township Palko Primary Registration District No. 4107 Registered No. \_\_\_\_\_  
 (c) City Bellings (d) 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RUTH ANNA BESSE

(a) Residence, No. Bellings Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X X  
 9. Industry or business in which work was done, as saw mill, bank, etc. V  
 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) Eric to N.Y.

FATHER 13. NAME Martin Dideon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huron to Ohio

MOTHER 15. MAIDEN NAME Ethel Bimstrong

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

17. INFORMANT (ADDRESS) Mrs Ethel Dideon Bellings Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Wallace Bellings Mo

20. FILED July 20, 1938 F. W. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1938

22. I HEREBY CERTIFY That I attended deceased from 7-11 1938 to 7-16 1938

I last saw her alive on 7-16 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Aortic Stenosis with Acute Myocardial failure Date of onset 7/1/38

Other contributory causes of importance: 92W

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? P. Ex 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? no

If so, specify \_\_\_\_\_

(Signed) Asst. J. D. Bellings, M. D.

(Address) Bellings, Mo.

**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, .....

*Everett R. Head*

....., or by .....

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

Signed.....

*Everett R. Head*

Licensed Embalmer No. *4038*

P. O. Address *Billings M*

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

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25034

Do not use this space.

1. PLACE OF DEATH  
 (a) County Christian Registration District No. 181  
 (b) Township ..... Primary Registration District No. 4107 Registered No. ....  
 (c) City Billings (d) 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth Anna Bassett  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DW

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>31</u>	<u>7</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeping  
 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) .....

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. MANT (ADDRESS) .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1938

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.....m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Other contributory causes of importance:

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) A. D. Vail, M. D.  
 (Address) Billings mo

SUPPLEMENTARY

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE ..... DATE ..... 19...  
 19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED July 20, 1938 F. N. Brown  
 Local Registrar

RECORDED & INDEXED

Chickadee

Blue Jay

Red Wing