

1939 APR 17 1939

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

Do not use this space.

9618

1. PLACE OF DEATH

County Jackson

Registration District No. 395

File No. \_\_\_\_\_

Township Blue

Primary Registration District No. 1002

Registered No. 1224

City Kans City, Mo. (No. KANSAS CITY TUBERCULOSIS HOSPITAL)

Ward \_\_\_\_\_

2. FULL NAME Bessie Race

(a) Residence, No. 1125 1/2 Trass St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 19, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from MARCH 18, 1939, to MARCH 19, 1939

I last saw her alive on MARCH 19, 1939. Death is said to have occurred on the date stated above, at 6:25 AM m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-23-1892

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 46 11 27

PULMONARY TUBERCULOSIS 1935

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-RAY as there an autopsy? NO

MOTHER / FATHER 13. NAME Isaac H. Hensen

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)

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

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

MOTHER / FATHER 15. MAIDEN NAME Mary Chamberlin

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

17. INFORMANT (ADDRESS) K. C. T. B. Neep

18. BURIAL, CREMATION, OR REMOVAL PLACE FLOREAL HILLS DATE Mar 21 1939

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS  
1401 BRUSH CREEK BLVD

24. (Was disease or injury in any way related to occupation of deceased?)  
If so, specify \_\_\_\_\_  
(Signed) [Signature], M. D.  
(Address) Kansas City, Mo.

20. FILED Nov 20 1939 M. M. Brown Registrar.

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.

