

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

PLACE OF DEATH

County Madison  
Township Lincoln  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 245 File No. 37541  
Primary Registration District No. 5339 Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Belle Dillion

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH December 13<sup>th</sup> 1887  
(Month) (Day) (Year)

AGE 52 yrs. 10 mos. 18 ds. if LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) Home keeper

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS NAME OF FATHER Nathaniel L Jones BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee MAIDEN NAME OF MOTHER Hartman BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J W Jones

(ADDRESS) Urbana Mo  
Filed Dec 10 1910 C. Ashmun REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 2, 1910, to Oct 31, 1910, that I last saw her alive on Oct 29, 1910, and that death occurred, on the date stated above, at 5:10 p.m.

The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
131  
(Duration) 8 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) B W Vaughan M. D. Nov 1 1910 (Address) Urbana Mo

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted If not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Bones Chapel DATE OF BURIAL Nov 1 1910  
UNDERTAKER A Morris ADDRESS Urbana Mo

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.

