

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.

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

1 PLACE OF DEATH
County Jackson
Township Stacy
or
Village
or Stannus City (NO. 226630) St. _____ Ward _____
City _____
Registration District No. 399 File No. 18957
Primary Registration District No. 1002 Registered No. 2053
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Belle Pickett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH Mar 24 1960
(Month) (Day) (Year)
7 AGE 55 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Domestic 48
(b) General nature of industry business, or establishment in which employed (or employer) 535
9 BIRTHPLACE (City or town, State or foreign country) Scotland
10 NAME OF FATHER Archabald Murray
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Scotland
12 MAIDEN NAME OF MOTHER Agnes Williamson
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Scotland

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27 1915
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from June 10 1915 to June 15 1915 that I last saw her alive on June 15 1915 and that death occurred, on the date stated above, at 3:16 A.M.

The CAUSE OF DEATH* was as follows:
Toxaemia of probably Carcinoma of uterus
made of Coroner, Mooneyhoff
CONTRIBUTORY (Secondary) _____ (Duration) yrs. mos. ds.
(Signed) J. M. Rutherford M. D. (Address) Cathief Bldg
*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) _____
At place of death _____ yrs. _____ mos. _____ ds. In the State 30 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence 2005 Forest

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs L Henderson
(Address) 1401 E 13
15 Filed JUN 18 1915 Paul Caprin Registrar

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL JUN 18 1915
20 UNDERTAKER Mrs C J Forster ADDRESS 918 Brooklyn

