

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

Do not use this space.

9393

27

1. PLACE OF DEATH

County Gasper
Township Joplin
City Joplin (No. 3561)

Registration District No. 459
Primary Registration District No. 4272

File No. 27
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie M. Belsher

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1871
7. AGE: YEARS 57 MONTHS X DAYS 19 If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Saline Co MO
(STATE OR COUNTRY)

10. NAME OF FATHER W H Oliver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Sullivan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT J.A. Belsher
(Address) Joplin MO

15. FILED 3/17 1928 D. W. Kalkin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 28

17. I HEREBY CERTIFY That I attended deceased from Feb 11 1928 to Feb 11 1928 that I last saw her alive on Feb 11 1928 and that death occurred, on the date stated above, at 12:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage
 heart failure & hypertensive nephritis
 high blood pressure

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Pearson M. D.
Address Joplin MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carterville Cem. DATE OF BURIAL 3-16-28

20. UNDERTAKER Hurlbut and Co ADDRESS Joplin 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.

1928

