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

Do not use this space.

10351

1. PLACE OF DEATH
County: St Francois — Registration District No. 773 — File No.
Township: " — Primary Registration District No. 4464 — Registered No. 36
City: Farmington (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Belinda Rose

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8, 1838

7. AGE: Years 90 — Months 1 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilkesville, Ohio

PARENTS
10. NAME OF FATHER: Abraham Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Nancy Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

14. INFORMANT (Address): Mrs E. L. Spaugh, Farmington, Mo

15. FILED 3-5, 1928 — L. J. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Mar 1, 1928, that I last saw her alive on Mar 1, 1928, and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis
" Senility
Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 900
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

Mar 5, 1928 (Signed) Rappleyn, M. D. (Address) Farmington 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: Masonic Tyton — DATE OF BURIAL: 3/5 1928

20. UNDERTAKER: Neidert Und Co — ADDRESS: Tyton, 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.