

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

Do not use this space.

17828

1. PLACE OF DEATH

County Monroe
Township Princeton
City Princeton

Registration District No. 556
Primary Registration District No. 4328

File No. 11
Registered No. 149
St. _____ Ward _____

2. FULL NAME

Maria Maria Belard

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Belard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 50
(b) General nature of industry, business, or establishment in which employed (or employer) 45
(c) Name of employer 53

9. BIRTHPLACE (CITY OR TOWN) Sumner County Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John C. Wall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sumner Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Evans

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

14. INFORMANT Fred Belard
(Address) Princeton Mo

15. FILED 5/25/28 19 28 J M Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1927, to May 24, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 175 30th St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
Liver, Ovary & Spleen
Intestine
(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast
(duration) 3 yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab.
(Signed) J. J. Lewis M. D.
5/24, 1928 (Address) Princeton 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 North Evans DATE OF BURIAL May 26 1928

20. UNDERTAKER Paul Mast ADDRESS Princeton Mo

