

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

Do not use this space.

7623

1. PLACE OF DEATH

County Pulaski,
Township Union,
City _____ (No. _____)

Registration District No. 711
Primary Registration District No. 3940

File No. 19
Registered No. 2
St. _____ Ward _____

2. FULL NAME Hannah Belzer

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Belzer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-27-1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 5 26

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) _____
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jessie Belzer

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Not Known

14. INFORMANT Steve Belzer
(Address) Dixon, Mo

15. FILED Feb 28 1929 A. S. Lock
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 20, 1929
that I last saw her alive on Jan 20, 1929, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

influenza
118
110
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. F. B. B. B., M. D.
, 19 (Address) Dixon, 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 Eddyville Iowa DATE OF BURIAL 2/26 1929

20. UNDERTAKER Fred. L. B. B. ADDRESS _____

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.

MAR 25 1929

