

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

Do not use this space.

41310

1. PLACE OF DEATH

County Franklin Registration District No. 502 File No. 41310
 Township Marceline Primary Registration District No. 4305 Registered No. 50
 City Marceline (No.) St. Ward

2. FULL NAME

Susan Belsike
 (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** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Belsike
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1881

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,** hrs. min.
78 9 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (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) Charlton Co Mo

10. NAME OF FATHER Richard Grubb

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

12. MAIDEN NAME OF MOTHER Mary Elizabeth Clark

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

14. INFORMANT Mrs. W.E. Burris
 (Address) Marceline Mo

15. FILED 12/31, 1929 Ola Putnam
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1929 **to** Dec 16 1929, 1929,
 that I last saw her alive on Dec 15, 1929, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.
 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) , M. D.
 , 19 (Address)

*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 Marion Cemetery **DATE OF BURIAL** Dec 18 19 29

20. UNDERTAKER Jes M Laughlin Marceline Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 21 1930

