

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

Do not use this space.

754

1. PLACE OF DEATH

County Greene

Registration District No. 316

Township 39

Primary Registration District No. 4191

City Ash Grove (No. _____)

File No. _____

Registered No. 5

2. FULL NAME

Sophia A. Bellman

(a) Residence. No. Ash Grove St. _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bellman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/21/1869

7. AGE 71 YEARS MONTHS _____ DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(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) Kansas

10. NAME OF FATHER Giles Binkert

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mary C. Brown

(Address) Ash Grove Mo

15. FILED 2/5/30 REGISTRAR D. A. Christy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Jan 29, 1930, that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at Ash Grove, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
131

890
1118 (duration) _____ yrs. mos. 5 ds.

CONTRIBUTORY chronic interstitial nephritis (SECONDARY)

cerebral softening (duration) 3 yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Charles H. McHaffie M. D.

1-29-1930 (Address) Ash Grove 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

DATE OF BURIAL

Plum Ridge

1/30 1930

20. UNDERTAKER

ADDRESS

Regina Morrison

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.

EB 18 1930

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PARENTS

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