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.

6722

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 2221 Keokuk St. ..... Ward)

File No. .....

Registered No. 1547

2. FULL NAME Belle Brusselback

(a) Residence. No. 2221 Keokuk St., 24 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rudolph Brusselback

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	9	10	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) ------

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Irving
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John J. Judy

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

12. MAIDEN NAME OF MOTHER Nee Fanny Judy

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

14. INFORMANT Ivy Brusselback
(Address) 5459 Mercantile

15. FILED ..... 19 ..... Max C Harley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febuary 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Feb 12, 1930 that I last saw her alive on Feb 11, 1930, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Glomerulo Nephritis
131
93C

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch. Myocarditis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

2/12, 1930 (Signed) E P Buddy M. D.
(Address) Univ Club Bl

*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 Sun Set Burial Park ~~Oak Grove~~ Cemetery

DATE OF BURIAL Feb. 14 1930

20. UNDERTAKER Hauck & Schmitt

ADDRESS 3732 S. Grand Blv.

1-3 [illegible]