NOV 3 1930

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

Do not use this space.

31833

1. PLACE OF DEATH
County Scotland
Township
City Memphis Mo (No. ..... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 4488
File No.
Registered No. 64

2. FULL NAME Belle Dewey
(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. 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) Married

5A. IF ~~MARRIED, WIDOWED OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Ralph W. Dewey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1883

7. AGE Years 47 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.

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) Scotland Co Mo.

PARENTS
10. NAME OF FATHER Dr. J. C. Tristy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Martha Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

14. INFORMANT Mrs A. H. Volkman
(Address) Memphis Mo

15. FILED 10/10, 1930 E. E. Garrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1930 to Sept 30, 1930 that I last saw her alive on Sept 30, 1930, and that death occurred, on the date stated above, at 9:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48
Cancer of Intestines, Liver and Uterus
46C
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exhaustion
46E
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 44B
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) E. E. Garrick, M. D
10/10, 1930 (Address) Memphis, 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 Scottsbluff, Neb.
DATE OF BURIAL 10/3 1930

20. UNDERTAKER Gerth & Baskett
ADDRESS Memphis

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.

AUG 1 0 1949