

NOV 21 1930

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

Do not use this space.
32338

1. PLACE OF DEATH

County Miss Registration District No. 148
Township Mid Pleasant Primary Registration District No. 4082
City Bellton (No. _____) St. _____ Ward _____

File No. 16
Registered No. _____

2. FULL NAME

Mrs. Ilda Metcalf
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cassius Metcalf</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 20, 1870</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>0</u>	<u>20</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (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) Illinois

PARENTS	10. NAME OF FATHER <u>W. Dougherty</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Mrs. Della Metcalf
(Address) Bellton Mo

15. FILED 10-20-30 R. M. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1930 to Oct 20 1930, that I last saw her alive on Oct 20, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
8:30

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ 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? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) R. M. McKee, D.O., M.D.
10-20, 1936 (Address) Bellton 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 Bellton, Mo. DATE OF BURIAL 10/23 1930

20. UNDERTAKER E. K. Bump & Sons ADDRESS Bellton Mo.

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.

