

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No. 10414
Registered No. 24
St. Ward)

2. FULL NAME

(a) Residence, No. 1012 W. Crow St., Webb City Ward. (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 Harold Roney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Joseway Belliard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir

15. MAIDEN NAME Martha Bledsoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir

17. INFORMANT George Killian (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 3/14 1931

19. UNDERTAKER Webb City Undert Co (ADDRESS) Webb City

20. FILED 3/13 1931 R. M. Stewart

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1931

22. I HEREBY CERTIFY that I attended deceased from Dec 20 1930 to Feb 3 1931. I last saw h. or alive on Feb 3 1931. Death is said to have occurred on the date stated above, at 6:10 P.M. The principal cause of death and related causes of importance were as follows:

Acute Reg
Subacute Bronchitis
Asphyxia
92A
156A
Other contributory causes of importance:
112

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify James J. O'Brien (Signed) Webb City Mo (Address)

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.

APR 23 1931

WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

