

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 24 1931

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

Do not use this space.

10777

## 1. PLACE OF DEATH

County MillerRegistration District No. 562Township RichwoodsPrimary Registration District No. 5757City Beck

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Priscilla Belk

(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)

widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFHenry Belk

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1852

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

79

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Osage County, Missouri

MOTHER FATHER

## 13. NAME

James Helton14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

## 15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)Mrs. Mary Hensley  
Beck, Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Beck CemeteryDATE 3/2519. UNDERTAKER  
(ADDRESS)G. T. Casey  
Beck, Mo

## 20. FILED

Apr 10 1931

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

3/24, 1931

## 22. I HEREBY CERTIFY, That I attended deceased from

3/15, 1931, to 3/23, 1931I last saw him alive on 3/23, 1931. Death is said  
to have occurred on the date stated above, at 3:18 a. m.

The principal cause of death and related causes of importance were as follows:

influenza11B  
11B

Other contributory causes of importance:

Date of onset

## Name of operation

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

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? no

If so, specify \_\_\_\_\_

(Signed) E. W. Duneau, M. D.(Address) Beck, Mo

