CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1931

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

Do not use this space.

17525

1. PLACE OF DEATH
County Crawford — Registration District No. 231 — File No.
Township — Primary Registration District No. 4141 — Registered No.
City Steelville Mo (No. , St. Ward)

2. FULL NAME Mrs Belle Upchurch
(a) Residence, No. Steelville Mo 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 OF: J. Upchurch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-20-1860

7. AGE: YEARS 71 — MONTHS 2 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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): Steelville Mo.

FATHER
13. NAME: L. B. Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Pennsylvania

MOTHER
15. MAIDEN NAME: Fertuson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville Mo

17. INFORMANT (ADDRESS): Maysee R. Beezley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville Mo DATE May 20, 1931

19. UNDERTAKER (ADDRESS): W. E. Morrison, Steelville Mo.

20. FILED 5-30, 1931 — C. R. Gibbs, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 20, 1931
I last saw her alive on May 20, 1931. Death is said to have occurred on the date stated above, at 2-29 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset May 15-31

Foeintoxitis
117B
129

Other contributory causes of importance:
Probably Ulcer of Duodenum with Perforation

Name of operation: 117B — 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? No
If so, specify
(Signed) Geo W Reeves, M. D.
(Address) Steelville Mo