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.

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

Do not use this space.

39318

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. LOUIS Mo. (No. 3659 Folsom Ave. St. ..... Ward)

File No. .....

Registered No. 11499

2. FULL NAME ZELORA BELLFIELD BRELSFORD

(a) Residence, No. 3659 Folsom Ave. St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

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: Eliza J. Brelsford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-21-1857

7. AGE: YEARS 74 MONTHS 5 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ter. R. R.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pizua Ohio

FATHER

13. NAME: Robert Brelsford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Mary Berryhill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pizua Ohio

17. INFORMANT (ADDRESS): Eliza J. Brelsford. 3659 Folsom Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montgomery City Mo DATE 11/17'31 19

19. UNDERTAKER (ADDRESS): Alexander E. Sons. 6175 Delmar Blvd.

20. FILED NOV 16 1931 19 Max C. Hankey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15/'31 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 15, 1931

I last saw him alive on Nov 15, 1931. Death is said to have occurred on the date stated above, at 9:45 A.m.

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

	Date of onset
Chronic Nephritis	1-2 yrs
131	
97	
137	

131

Other contributory causes of importance:

Enlarged Prostate	4-5 yrs
Arteriosclerosis	4-5 yrs

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? No

If so, specify .....

(Signed) Wm Towne Hall, M. D.

(Address) 1625 Town Town Ave