

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

Do not use this space.

1594

1. PLACE OF DEATH  
 54 County Lafayette Registration District No. 461  
 6 Township Washington Primary Registration District No. 3624  
 4 City Washington (No. ....) St. .... Ward) .....

2. FULL NAME Belinda Mischon  
 (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 OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Penn. 2  
 13. NAME Samuel Bear 8  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 15. MAIDEN NAME Baronue Lapram  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
 17. INFORMANT Albert Mischon  
 (ADDRESS) Washington Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo DATE Jan 29, 1932  
 19. UNDERTAKER Samuel Giger  
 (ADDRESS) Washington Mo  
 20. FILED Jan 28, 1932 S. W. Fredendall  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931 to Jan 27, 1932  
 I last saw her alive on Jan 21, 1932. Death is said to have occurred on the date stated above, at 7:15 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Result of fracture of left femur 186A 194 B  
 Other contributory causes of importance: Age  
 Date of onset .....

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 .....  
 (Signed) Ed. Fredendall, M. D.  
 (Address) Washington Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

FEB 24 1932



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Linn  
Township W  
City Lexington (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. 11  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED Jan 28 1937 W. F. Freudenthal Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from

to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Fracture of femur  
from a fall  
Other contributory causes of importance:

Date of onset

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Name of operation 1860 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 .....

(Signed) ....., M. D.

(Address) .....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE. IS PRESCRIBED BY LAW

SUPPLEMENTARY

N. B. Every item of information should be carefully supplied. If any item should be stated EXACTLY as given should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

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