

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

Do not use this space.

8001

**1. PLACE OF DEATH**

County Franklin  
 Township Prairie  
 City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 294  
 Primary Registration District No. 1418-13

File No. \_\_\_\_\_  
 Registered No. 18  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florentine Belew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retail Farmer</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1932 to March 4th, 1932  
 I last saw him alive on March 1st, 1932 Death is said to have occurred on the date stated above, at 2 P m.  
 The principal cause of death and related causes of importance were as follows:

nephrotic Coma

Date of onset  
Feb 21, 1932

Other contributory causes of importance  
Cardio Vascular renal disease, chronic gall-bladder disease

years  
13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co - Mo</u>
13. NAME <u>Joe Belew</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo</u>
15. MAIDEN NAME <u>Sarah Dixon</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co</u>
17. INFORMANT (ADDRESS) <u>Ray Belew</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Mar 6, 1932</u>
19. UNDERTAKER (ADDRESS) <u>Cady &amp; Co</u>
20. FILED <u>3/8</u> 19 <u>32</u> <u>W. E. Kitchell</u> Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical symptoms 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 \_\_\_\_\_, 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) C. F. Pringle M. D.  
 (Address) St. Clair, Mo.

