

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

Do not use this space.

16687

**1. PLACE OF DEATH**

County Linn Registration District No. 496  
Township Bronfield Primary Registration District No. 5660  
City (No. ) (No. ) Ward ( )

File No. \_\_\_\_\_  
Registered No. 44 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Belle S. Kelley  
(a) Residence, No. R.F.D. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-12-1848</u>		
7. AGE <u>83</u>	YEARS <u>9</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricktown Mo.</u>
10. Date deceased last worked at this occupation (month and year) <u>5-19-32</u>		13. NAME <u>Don't Know</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" " " "</u>		15. MAIDEN NAME <u>Elizabeth Mitchell</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" " " "</u>		17. INFORMANT (ADDRESS) <u>F. G. Kelley R.F.D. #1 Bronfield</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>5-22</u> 19 <u>32</u>		19. UNDERTAKER (ADDRESS) <u>C. White Bronfield Mo.</u>
20. FILED <u>5-21</u> 19 <u>32</u>		21. REGISTRAR <u>E. J. Jordan</u>

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932

22. HEREBY CERTIFY, That I attended deceased from May 19 1932, to May 20 1932  
I last saw her alive on May 20 1932 Death is said to have occurred on the date stated above, at 3:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chs. Myocarditis  
Chs. interstitial Nephritis  
Date of onset Unknown

Other contributory causes of importance:  
" "

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. Evans \_\_\_\_\_ M. D.  
(Address) Bronfield, Mo

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.

MAY 23 1932

