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

Do not use this space.

22510 Wilbur Smith

1. PLACE OF DEATH
39 County Greene — Registration District No. 318 — File No.
3 Township — Primary Registration District No. 7001 — Registered No. 485
5 City Springfield Mo. (No. 1033 E. Delmar St. Ward)

2. FULL NAME Mrs Belle Stephens Dickinson

(a) Residence, No. 1033 E. Delmar St., 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 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. F. Dickinson (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4-1851

7. AGE — YEARS 80 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Lockport, Indiana 2

FATHER
13. NAME John Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crab Orchard, Ky.

MOTHER
15. MAIDEN NAME Sarah Shultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs A. W. Blume 1033 Delmar

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Maple Park Cem. DATE July 11 — 1932

19. UNDERTAKER (ADDRESS) Alma Lohmeyer F. Home 534 St. Louis St.

20. FILED 7-11 1932 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 — 1932

22. I HEREBY CERTIFY That I attended deceased from July 2, 1932 to July 8, 1932
I last saw her alive on July 7, 1932 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 2
82A 82A

Other contributory causes of importance:
(Had a similar attack 2 yrs ago)

Name of operation ① 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) Wilbur Smith, M. D.
(Address) Springfield Mo.

MARGIN RESERVED FOR BINDING

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.

AUG 23 1932

U. S. No. 2