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.

SEP 24 1932

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

Do not use this space.

23533

1. PLACE OF DEATH

72 County New Madrid — Registration District No. 607 — File No. 17

Township Portage — Primary Registration District No. 5806 — Registered No.

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Mattie Virginia Belk

(a) Residence, No. ..... 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2nd, 1932

7. AGE — YEARS: — MONTHS: — DAYS: 23 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Near Portageville Missouri

FATHER

13. NAME: Frank Belk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER

15. MAIDEN NAME: Eva Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): Manson Belk, Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Portageville DATE: July 25th 1932

19. UNDERTAKER (ADDRESS): R M Payne, Portageville, Mo.

20. FILED: 8/10, 1932 — C A Cook, Registrar.

## MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., 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:

Colitis
Yellow Jaundice

Date of onset

No doctor investigation shows these two troubles being the cause of death to the child. Parents not able to hire doctor.

Other contributory causes of importance:

119B
161B

119 (7)

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) C A Cook Local Registrar M. D.

(Address) Portageville, Mo.