

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

Do not use this space.

24391

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City ..... No. *Christian Stop*

File No. ....  
Registered No. *6515*  
St. .... Ward)

**2. FULL NAME**

*Anna Belle Kamp*  
(a) Residence, No. *7218 Oakwood St., Pine Bluff*  
(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. *9* 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) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22 1865*

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
	<i>67</i>	<i>6</i>	<i>27</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

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) *Hanover 11 Germany*

13. NAME *Mohlkamp*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *William Bellekamp 4218 Oakwood Pine Bluff*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Johns* DATE *July 18 32*

19. UNDERTAKER (ADDRESS) *Bruno Dehau 1138 1/2 6th St. Pine Bluff*

20. FILED *Jul 15 1932* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1932*

22. I HEREBY CERTIFY that I attended deceased from *September 17 1932* to *July 14 1932*  
I last saw her alive on *July 14 1932* Death is said to have occurred on the date stated above, at *3400* m.

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

*Carcinoma of uterus* Date of onset *?*

Other contributory causes of importance: *Chronic Hypertension*

Name of operation *none* 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? If so, specify .....

(Signed) *Paul Grosskreutz* M. D.  
(Address) *3661 Crest Drive St. Louis, Mo.*

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.

AN ...

3901 Park

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