

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

Do not use this space.

40214

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Joplin Mo. Primary Registration District No. 2002
 5 City Joplin Mo. (No.) St. Ward)

2. FULL NAME

(a) Residence, No. 111 No. Mineral Ward.
 (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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Belless

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1932, to, 19....
 I last saw him alive on 11-30, 1932. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15-1886

to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 19

Lobar pneumonia Date of onset

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

Other contributory causes of importance: 108 108 108 108

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

10. Date deceased last worked at this occupation (month and year) Mar 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME W. B. Belless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Jane Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Katie Belless (ADDRESS) 111 No. Mineral

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Park, Dec 5, 1932

19. UNDERTAKER (ADDRESS) Frank Devora Co. Joplin Mo.

20. FILED 11/30 1932 W. B. Belless Registrar.

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) W. B. Belless M. D.
 (Address) 311 Miners Bank

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 24 1933

