

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

Do not use this space.
Wm. Orlando Gibson
 1023 - N. Grand
 File No. _____
 Registered No. 11 _____ St. _____ Ward _____

9/b 1. PLACE OF DEATH
 County *St. Louis* Registration District No. *289*
 Township *Central* Primary Registration District No. *6033B*
 City *Overland* (No. _____) St. _____ Ward _____

2. FULL NAME *Betty Jean Bellew*
 (a) Residence, No. *Battimore* St. _____ 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mar. 18 - 1926</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<i>6</i>	<i>10</i>
		DAYS
		<i>3</i>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>nil</i>	
	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) <i>Springfield, Mo.</i>		
MOTHER	13. NAME <i>John Bellew</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Springfield, Mo.</i>	
	15. MAIDEN NAME <i>Mabel Bellew</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Springfield, Mo.</i>	
17. INFORMANT (ADDRESS) <i>Mabel Bellew Overland, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cannel Hill Cem</i> DATE <i>1-23-33</i>		
19. UNDERTAKER (ADDRESS) <i>Gausman Bros. Overland, Mo.</i>		
20. FILED <i>1-22-1933</i> <i>Golla Bracy, M. D.</i> Registrar		

2 - MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 21st 1933*

22. I HEREBY CERTIFY That I attended deceased from *Jan 1st 1933* to *Jan 21st 1933*
 I last saw her alive on *Jan 21st 1933*. Death is said to have occurred on the date stated above, at *7:30 PM*.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Secondary to Rheumatism
Inflammation
Rheumatism

Other contributory causes of importance:
Inflammation
Rheumatism

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) *Orlando Gibson*, M. D.
 (Address) *St. Louis, Mo. 1023 N. Grand Av*

N. B.—Every item of importance. CAUSE OF DEATH in plain terms, so that it may be easily understood.

