

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

Do not use this space.

3099

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township St. Louis Primary Registration District No. 6248 B
City St. Louis (No. 96) St. St. Louis, Mo. (Ward)

File No. _____

Registered No. 35

2. FULL NAME

(a) Residence, No. 2929 Deyou St. St. Louis, Mo. Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Spencer Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1911
7. AGE YEARS 21 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
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. _____
10. Date deceased last worked at this occupation (month and year) Jan 1933 11. Total time (years) spent in this occupation _____

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

FATHER
13. NAME Donia Bellows

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

MOTHER
15. MAIDEN NAME Rosie Williams

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

17. INFORMANT (ADDRESS) Hoop Beck

18. BURIAL, CREMATION, OR REMOVAL PLACE St. George Cem. C. H. St. Louis DATE Feb 8 1933

19. UNDERTAKER (ADDRESS) St. Marshall 2205 Moore St. St. Louis Mo.

20. FILED 1/31 1933 L. C. Brock, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Jan 30 1933
I last saw her alive on Jan 30 1933. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Gastro-Intestinal Tuberculosis
Other contributory causes of importance: _____
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) Melvin Jess M. D.
(Address) Koch/Hoop, Koch Mo.

WHITE PAPER, 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.

