

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

Do not use this space.

7000

1. PLACE OF DEATH
 County St. Francois Registration District No. 33
 Township Rendolph Primary Registration District No. 6574B
 City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Belle Mollineux
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 6 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Vermont Ill.

FATHER
 13. NAME George W. Mollineux
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
 15. MAIDEN NAME Sarah Van Auken
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Mrs. A. C. Mc Mullen
 (ADDRESS) Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Darkview DATE Feb 7 1933

19. UNDERTAKER J. S. Boyer
 (ADDRESS) Leadwood Mo

20. FILED 2/7/33 W. E. Dubrion
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-33

22. I HEREBY CERTIFY That I attended deceased from Sept 30 to Feb 6-33, 1933.
 I last saw him alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
65A 132
 Date of onset 10 days
 Other contributory causes of importance:
Arteriosclerosis 3 yrs
 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. E. Dubrion, M. D.
 (Address) Leadwood Mo

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 U. S. NO. 2

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.

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