

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.

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

Do not use this space.

18680-A

1. PLACE OF DEATH

105 County Lullivan
Township Morris
City (No.)

Registration District No. 549
Primary Registration District No. 6125

File No.
Registered No.
St. Ward

2. FULL NAME

Francis Rachel Belzer
(a) Residence, No. St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. M. Belzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22, 1870</u>		
7. AGE <u>62</u>	YEARS <u>5</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>John Karl</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Rachel M^cCollum</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>Myrtle Bunch</u> (ADDRESS) <u>Michigan</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Picknell</u> PLACE <u> </u> DATE <u>5-6</u> 19 <u>33</u>	
19. UNDERTAKER <u>Thos. J. Thompson</u> (ADDRESS) <u>Michigan</u>	
20. FILED <u>Aug 5</u> 19 <u>33</u> <u>Miss Pickham</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1927, to May 5 1933
I last saw him alive on May 5 1933 Death is said to have occurred on the date stated above, at 5-8 p.m.
The principal cause of death and related causes of importance were as follows:
Hardening of coronary arteries
94B
94
Other contributory causes of importance:

Name of operation None 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) A. P. Baker M. D.
(Address) Michigan

