

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

Do not use this space.

1. PLACE OF DEATH

County Washington Registration District No. 580
Township Belgrade Primary Registration District No. 4183
City Belgrade (No. _____) St. _____ Ward _____

File No. 25464
Registered No. 40

2. FULL NAME

Robert Philip Relfe
(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 Male 4. COLOR OR RACE White 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) Dec 30, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 6 3

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

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) Belgrade, Wash
Missouri

13. NAME Simon Relfe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California
Missouri Wash

15. MAIDEN NAME Ellen Ann Bryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade, Mo.
Wash. Co.

17. INFORMANT (ADDRESS) Joan Handerson
Belgrade, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade DATE July 3, 1933

19. UNDERTAKER (ADDRESS) Mr. R. White & Sons
Wornton Missouri

20. FILED Sept. 19, 1933 Wm. J. M. Knox
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1929, to July 2, 1933

I last saw him alive on July 2nd, 1933. Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Disintery
950
730
90
Other contributory causes of importance: Cardiac Dropsy

Date of onset Contracted as to his Chair
with difficulty
Swelling
his
service

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) J. J. Houston, M. D.
(Address) Belgrade Mo

WRITE PLAINLY, 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.

SEP 26 1933

