

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

Do not use this space.

33947

1. PLACE OF DEATH

78 County Ray Registration District No. 607
 Township Portage Primary Registration District No. 5806
 City Portageville St. _____ Ward _____

2. FULL NAME

Belle Sandage
 (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 <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's name) (OR) WIFE OF <u>W. V. Sandage</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11-1875</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>11</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray</u>		
13. NAME <u>Simon Martin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Rachel Sandage</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray</u>		
17. INFORMANT (ADDRESS) <u>T. T. Sandage</u> <u>Portageville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>10-5-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Payne</u> <u>Portageville Mo</u>		
20. FILED <u>10/10</u> 19 <u>33</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to _____ 19____
 I last saw her alive on Sept 29 1933 Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Malerial fever
at that time
 38
 Other contributory causes of importance: 30

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. W. Bess M. D.
 (Address) Portageville Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

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