

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

Do not use this space.

2149

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Longwood Primary Registration District No. 5898
City (No.) St. Ward

File No. 9
Registered No. 668

2. FULL NAME Mrs Mary Belwood Ezell

(a) Residence, No. (Usual place of abode) St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. II, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 28

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. Data 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) Ky.

13. NAME James I. Belwood

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

15. MAIDEN NAME Martha Foree

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

17. INFORMANT (ADDRESS) James Ezell Longwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood Cem. DATE Jan. 10th 1934

19. UNDERTAKER (ADDRESS) R. W. Campbell Marshall, Mo.

20. FILED 1-10 1934 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec 20 1933, to Jan 9 1934

I last saw him alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 5 a. m.

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

Bronchopneumonia Date of onset
107A
102

Other contributory causes of importance Similarity 107A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 1934

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? no

If so, specify _____ (Signed) M. J. Bishop, M. D.
(Address) Edolia

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.

FEB 27 1934

