

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

Do not use this space.

MAR 26 1935

**1. PLACE OF DEATH**

County Iron Registration District No. 391 File No. 1094  
 Township Centerville Primary Registration District No. 4230 Registered No. 10  
 City Ironton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1934.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Bellevue, Mo.

13. NAME Jesse Black.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue, Missouri.

15. MAIDEN NAME Catherine Jaycox.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue, Mo.

17. INFORMANT Jesse Black.  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Bellevue, Mo.

PLACE Bellevue Mo. DATE Jan 18, 35

19. UNDERTAKER Norman White & Son.  
 (ADDRESS) Ironton Mo.

20. FILED Feb 18 1935 Ra Rarchel  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 8 1935 to Jan 18 1935  
 that saw her alive on Jan 18 1935. Death is said to have occurred on the date stated above, at 1935.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobes Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Any Abscess - 10

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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 \_\_\_\_\_, 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) Chas W. G., M. D.  
 (Address) Bellevue 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.

