Belshe.

AUG 17 1935

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

Do not use this space.

26954

File No.
Registered No. 104

1. PLACE OF DEATH

County Livingston. Registration District No. 568
Township Jackson. Primary Registration District No. 5675
City ~~Trenton~~ (No. , St. Ward)

2. FULL NAME Cyrena Ellen Rosson

(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*): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1866.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	No.	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
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): Adell, Iowa.

FATHER

13. NAME: Daniel Wright.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cocomo Town, Ind.

MOTHER

15. MAIDEN NAME: Sara Ann Bates.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Dito.

17. INFORMANT (ADDRESS): James R. Wright. Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelburn Cem. DATE Aug. 9, 1935

19. UNDERTAKER (ADDRESS): O. L. Roberson. Jamesport, Mo.

20. FILED Aug. 9, 1935 Ronald H. McDowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to Aug 8, 1935
I last saw h. alive on Aug 7, 1935 Death is said to have occurred on the date stated above, at 3:30 A. M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation, chronic, valvular mitral	Before Dec 1934

Other contributory causes of importance:

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 , 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? No
If so, specify

(Signed) G W Belshe, M. D.
(Address) Trenton 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.