NOV 18 1935

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

Do not use this space.

31927

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 10[illegible]

City St. Joseph, (No. 2938 Seneca St. St. Ward)

2. FULL NAME Ruth M. Bellis

(a) Residence, No. 2938 Seneca St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clyde D. Bellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13, 1892

7. AGE: YEARS 43 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Clinton Co. Mo.

FATHER

13. NAME: G. W. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

MOTHER

15. MAIDEN NAME: Mary Jane Sifers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co. Mo.

17. INFORMANT (ADDRESS): Clyde D. Bellis 2938 Seneca St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cumberland Cemetery DATE Oct. 19, 1935

19. UNDERTAKER (ADDRESS): Walter Maierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED OCT 18 1935 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1932, to 10-17-, 1935

I last saw her alive on 10-2-, 1935. Death is said to have occurred on the date stated above, at 7.30 A.M.

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

Chronic Endocarditis 3 yrs — Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical 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) L. C. Dauman, M. D.
(Address) Kopatrick Bldg. St. St. Joseph, 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.