

MAR 17 1936

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

Do not use this space.

5027

1. PLACE OF DEATH

County..... Cedar
Township.....
City..... Eldorado Springs (No.....)Registration District No..... 163
Primary Registration District No..... 4095File No.....
Registered No..... 8
St..... Ward.....

2. FULL NAME Belle C Whitesell

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF William Whitesell
(OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION 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) Mo.

FATHER 13. NAME Thomas Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER 15. MAIDEN NAME Emiline Wright

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

17. INFORMANT Wm Whitesell (ADDRESS) Eldorado Springs, Mo,

18. BURIAL, CREMATION, OR REMOVAL City (cem) DATE 2/18/1936

19. UNDERTAKER Gwinn-Siders (ADDRESS) Eldorado Springs, Mo.

20. FILED 2/17/1936 J.W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1936, 19

22. I HEREBY CERTIFY. That I attended deceased from

2-16-1936, to 2-16-1936

I last saw her alive on 2-16-1936 Death is said

to have occurred on the date stated above, at 10 p.m.

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

Failing myocardium, due to shock following a severe body burn. Date of onset

1/8/1936

Other contributory causes of importance:

Clothing caught fire from heating stove at Per Home, burned entire surface of body.

Name of operation 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? Accident Date of injury 2-16-1936

Where did injury occur? Eldorado Springs (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Per Home

Manner of injury

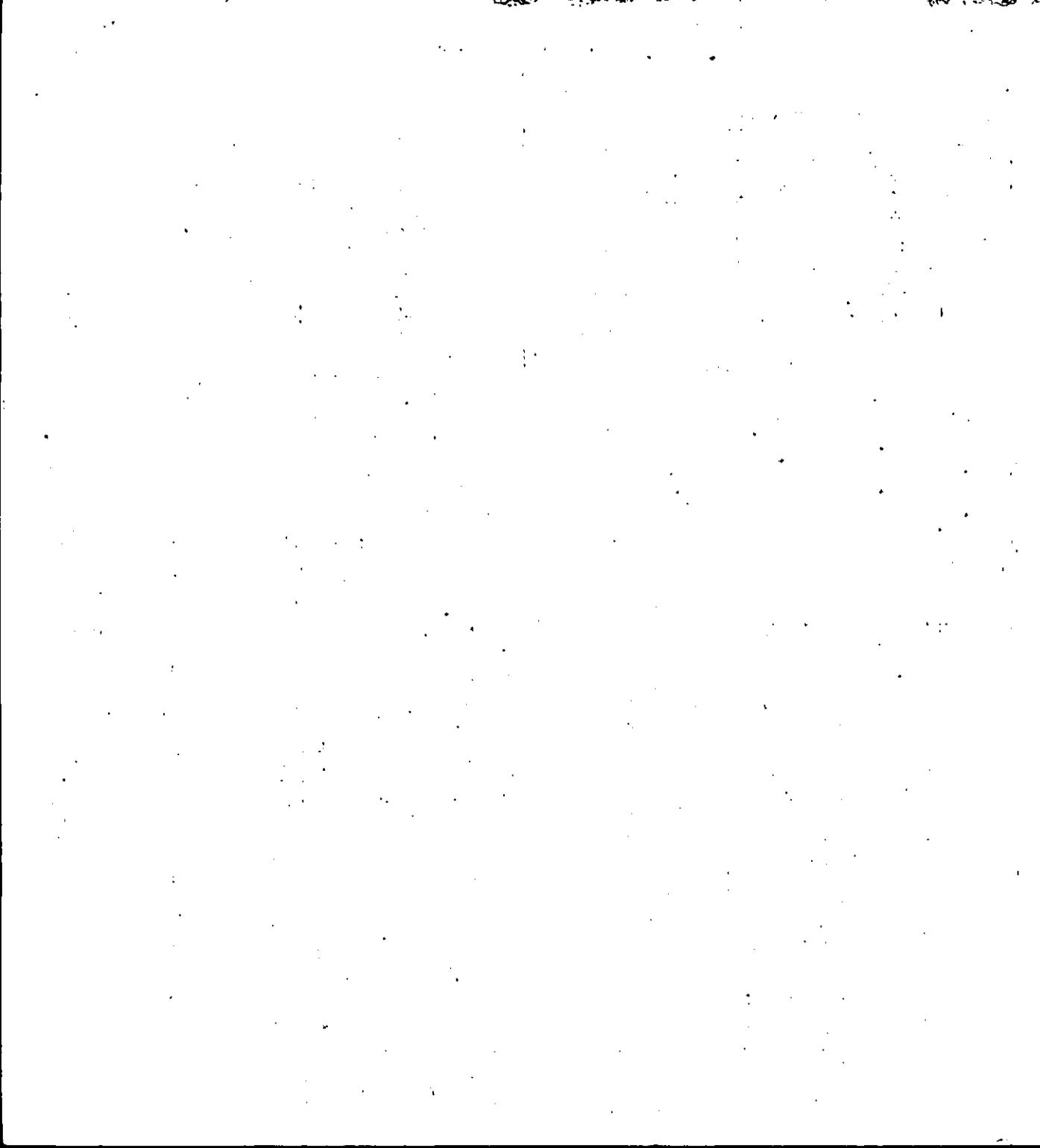
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) J.W. Dawson, M. D.

(Address) Eldorado Springs



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1. PLACE OF DEATH

County Cedar Registration District No. 163
 Township Eldorado Springs Primary Registration District No. 4095
 City Eldorado Springs No. St. Ward

File No.

Registered No.

2. FULL NAME

Belle C. Whitesell
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1858

7. AGE YEARS 77 MONTHS 8 DAYS 1 If less than 1 day, hrs. min.

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) P. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2-17-1936 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Severe body Burns caused by dress coming in contact with red hot stove. Girdling not burned.
 Other contributory causes of importance: Clothing caught fire from heat - ing stove at her home entire surface of her body burned

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 J. W. Dawson, M. D.
 (Signed) Eldorado Springs Mo.
 (Address)

SUPPLEMENTARY

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.

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