

OCT 1 1936

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

Do not use this space.

33418

1. PLACE OF DEATH

County Texas
Township Bundling
City Cabool (No. _____)

Registration District No. 862
Primary Registration District No. 6135-

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Lillie Elizabeth (Belville) Minor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Minor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4, 1884</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>Jan 1, 1936</u>
	11. Total time (years) spent in this occupation

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

13. NAME
John W. Belville

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

15. MAIDEN NAME
Mary Miller

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

17. INFORMANT (ADDRESS)
Cabool

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Headstone Mt. Reid 187 2

19. UNDERTAKER (ADDRESS)
Cabool Mo

20. FILED Sept 9, 1936 Mrs. Elvira Cunningham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Aug 17, 1936.
I last saw her alive on Aug 1, 1936. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

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 _____
(Signed) J. B. Cavalier, M. D.

(Address) Cabool 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.

