

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

Do not use this space.

1. PLACE OF DEATH

County Greundy Registration District No. 328
Township Shenonh Primary Registration District No. 3017
City Shenonh (No. _____) St. _____ Ward _____

44491

2. FULL NAME

Bertha Royana Belshe
(a) Residence, No. 1104 W. 14 St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>0</u>	<u>17</u>	

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

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

FATHER 13. NAME Thurston Belshe

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

MOTHER 15. MAIDEN NAME Sarah Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewell County
Virginia

17. INFORMANT Miss Belshe (Nellie)
(ADDRESS) 1104 W. 14th St. Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE May Cemetery DATE Dec. 6 1936

19. UNDERTAKER Stonley Funeral Home
(ADDRESS) Trenton, Mo.

20. FILED 12-5 1936 Gene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to Dec 4 1936

I last saw h. de alive on Dec 4 1936. Death is said to have occurred on the date stated above, at 10 A m.

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

Organic Heart Disease
(Coronary Insufficiency)
A minimal 7 years duration

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed infectious mononucleosis 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) Ch. Culler _____, 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.

