

MAR 16 1937

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

Do not use this space.

5137

85

1. PLACE OF DEATH
 County Beechbarney Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 1106 - Sixth Ave) St. 2 Ward 221

2. FULL NAME Belle Meiser
 (a) Residence, No. 1106 - Sixth Ave Ward. 1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles J.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1861
 7. AGE YEARS 75 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1937
 22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1937, to 2/18, 1937
 I last saw her alive on 2/15, 1937. Death is said to have occurred on the date stated above, 9:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerosis and senescence of age

Other contributory causes of importance: 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Kansas
 13. NAME Do not know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Do not know
 15. MAIDEN NAME Do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Do not know
 17. INFORMANT Charles E. Meiser (ADDRESS) St Joseph Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dehland Cemetery DATE Feb 20 1937
 19. UNDERTAKER Stameny Funeral Home (ADDRESS) St Joseph Mo
 20. FILED February 19 1937 H. J. Westphal Registrar.

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) J. W. Stameny, M. D.
 (Address) 2654 St Joseph Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER OCCUPATION

