APR 20 1937

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

Do not use this space.

File No. 11998

Registered No. 4

Registration District No. 327

Primary Registration District No. 4194

1. PLACE OF DEATH

County: Grundy

Township: ~~Jackson~~

City: ~~Jackson~~ Galt, (No. ..... St. ..... Ward)

2. FULL NAME Sarah E. Bellew

(a) Residence, No. Gault 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Sand Bellew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25, 1863

7. AGE: YEARS 75 | MONTHS 6 | DAYS 24 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~Laundry~~ Hotel

10. Date deceased last worked at this occupation (month and year): 1-37

11. Total time (years) spent in this occupation: 18

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

FATHER

13. NAME: Chas L. Ralls.

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

MOTHER

15. MAIDEN NAME: Nancy Cooksey

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

17. INFORMANT (ADDRESS): Mrs Alfretta Hyde Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Grove DATE: 3/22/37

19. UNDERTAKER (ADDRESS): Gipson

20. FILED 3-20 1937 U G Weston
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1935, to 3-18-, 1937

I last saw her alive on 3-17-, 1937. Death is said to have occurred on the date stated above, at ~~12~~ midnight

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

Cerebral Thrombosis — Date of onset ?

RBC

Other contributory causes of importance:

Arterio Sclerosis, Myocarditis chronic. — R,

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? ..... 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) U G Weston, M. D.

(Address) Galt, 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.

WITH UNFADING INK--THIS IS A PERMANENT RECORD

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