

JUN 23 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

20535

1. PLACE OF DEATH  
County Linn Registration District No. 469 File No. \_\_\_\_\_  
Township Lincoln Primary Registration District No. 3-630 Registered No. 7011  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Candidate Anna Belden  
2. FULL NAME Anna Belden  
(a) Residence, No. Anaheim Calif. St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred \_\_\_\_\_ mos. \_\_\_\_\_ yrs. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unmarried  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1917  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Unknown 26

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1937  
22. I HEREBY CERTIFY That I attended deceased from June 8 1937 to June 8 1937  
Last saw her alive on June 8 1937 Death is said to have occurred on the date stated above, at 530 m.

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 \_\_\_\_\_

The principal cause of death and related causes of importance were as follows:  
Concussion of brain caused by collision of car and automobile

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Okla.  
13. NAME Richard Belden  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Kan.

Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X Was there an autopsy? No

15. MAIDEN NAME Anna Betty  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Kan.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury June 8 1937  
Where did injury occur? near med mo on Highway 66  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place

17. INFORMANT (ADDRESS) V. A. Belden  
Cushing Okla.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Long Beach DATE June 15 1937

Manner of injury Concussion of brain  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Morris & Seiman  
Miller Mo.  
20. FILED 6-10 1937 L. O. Kalmes Registrar

(Signed) L. O. Kalmes M. D.  
(Address) Miller 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.

