

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

Do not use this space.

OCT 21 1937

1. PLACE OF DEATH

County Merion

Registration District No. 556

File No. 34772

Township Morgan

Primary Registration District No. 5750

Registered No. 56

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

Belle Laws

(a) Residence, No. _____

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11 - 1853</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>9</u>
		DAYS
		<u>23</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)
	11. Total time (years) spent in this occupation

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

13. NAME Joe Shook

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Blanche Black
(ADDRESS) Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Sept 6 1937

19. UNDERTAKER Moel Mass
(ADDRESS) Princeton Mo

20. FILED 9/5 1937 J M Perry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932 to Sept. 4 - 37, 1937

I last saw her... alive on Sept. 4, 1937. Death is said to have occurred on the date stated above, at 11:20 a. m.

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

Coronary Occlusion, acute
2. Cardio-vascular-renal disease,

Date of onset 5 hrs
5 yrs

Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation no Date of _____
What test confirmed diagnosis? Phys and Lab 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) A.S. Bristow / A.S. Bristow, M. D.
(Address) Princeton, Mo.

N. B.—Every item of information 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.

