

NOV 18 1937

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

Do not use this space.

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37879

1. PLACE OF DEATH

County Jackson  
Township Seniaban  
City Grain Valley Mo. R.F.D.

Registration District No. 402  
Primary Registration District No. 5551B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Fannie Margaret BELLEN

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Fm.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Asa BELLEN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB - 19 - 1860</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Sept 3, 1937  
I last saw her alive on Sept 3, 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Pericarditis

Other contributory causes of importance: NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

13. NAME Elrod Truett

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

15. MAIDEN NAME Fannie Cooks

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

17. INFORMANT (ADDRESS) Dr. Bellen Grain Valley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE 9-5 1937

19. UNDERTAKER (ADDRESS) R. D. Webb Blue Springs Mo

20. FILED Oct. 7 - 1937 Mrs. R. H. Mann Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. Sauer  
(Address) Grain Valley Mo

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.

