

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

38816
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 790
 (b) Township Clayton Primary Registration District No. 6033
 (c) City Clayton, Mo. (d) Street No. St. Louis County Hospital Registered No. 387
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle Harpole
 (a) Residence, No. 1232 Purcell Avenue St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Harpole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17th, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	9	6	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) October 20th, 1937 11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Missouri

FATHER 13. NAME Melvin Frank
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Addie (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT William Harpole
 (ADDRESS) 1232 Purcell Avenue

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lake Charles DATE October 26th

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. FILED 10/25 1937 Dr. J. Signorilli
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
automobile accident
struck by automobile
white pedestrian on
a public highway.
 Date of onset 10/15/37

Other contributory causes of importance:
fractured skull.
 Date 10/15/37

Name of operation none Date of _____
 What test confirmed diagnosis physical Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 10/15, 1937
 Where did injury occur? Wellerston, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury struck by auto
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) John D. Connelley, M.D.
 (Address) Corner, St. Louis

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.

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