

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.

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN

Registration District No. 85

Township WASHINGTON

Primary Registration District No. 1001

City ST. JOSEPH

(No. 1515 HENRY ST.)

File No. 40749

Registered No. 1306

St. _____ Ward _____

2. FULL NAME BELLE R. TOWNS

(a) Residence, No. 1515 HENRY STREET, 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. 7 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

ALBERT TOWNS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

NOVEMBER 2, 1859

7. AGE

YEARS

78

MONTHS

0

DAYS

26

If LESS than 1 day, _____ hrs. or _____ min.

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

HOUSEWIFE

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

HOME

10. Date deceased last worked at this occupation (month and year)

UNK

11. Total time (years) spent in this occupation

UNK.

OCCUPATION

FATHER

MOTHER

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

BETHANY, HARRISON CO. MISSOURI

13. NAME

CHARLES H. ROBERTS,

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

UNKNOWN ILLINOIS

15. MAIDEN NAME

ELIZABETH TUCKER,

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

UNKNOWN ILLINOIS

17. INFORMANT (ADDRESS)

MRS. FRED STULL, SISTER, 1515 HENRY ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BETHANY, MO.

DATE Nov. 29th 1937

19. UNDERTAKER (ADDRESS)

FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED

Nov 29 1937 A. J. Nestorish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Nov 28, 1937.

I last saw h. E.R. alive on Nov 25, 1937 Death is said

to have occurred on the date stated above, at 8:10 A.M.

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

Coronary Arteriosclerosis

Date of onset

Other contributory causes of importance:

Myocarditis Cholelithiasis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chival 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. J. Nestorish, M. D.

(Address) Central Regy

