

DEC 20 1937

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

Do not use this space.

41437

1. PLACE OF DEATH

County Iron CountyRegistration District No. 391

Township

Primary Registration District No. 4230City Ironton

(No. _____)

St. _____

Ward _____

2. FULL NAME

Thomas Jean Bellinger

(a) Residence, No. _____

(Usual place of abode)

Farmington St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 12 ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

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

Sept 3, 1936

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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.

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

Washington Mo

13. NAME

Lloyd Raymond Bellinger

MOTHER

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

Illiance Mo

15. MAIDEN NAME

Hellen Marie Mosier

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

Marquand Mo

17. INFORMANT (ADDRESS)

Lloyd Raymond Bellinger Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Run

DATE

Nov. 11 1937

19. UNDERTAKER (ADDRESS)

Cozian Farmington Mo

20. FILED

Nov 13 1937R. A. Beach

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 10 193722. I HEREBY CERTIFY That I attended deceased from November 8 1937 to November 10 1937I last saw h. live on November 10 1937 Death is saidto have occurred on the date stated above, at 1:00 P.

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

extensive burns on the body

Date of onset

Other contributory causes of importance:

nephritisName of operation none

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? accident Date of injury Oct. 28, 1937Where did injury occur? home Iron County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burned, with scalding waterNature of injury as above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George W. Geo. H. Day, M. D.(Address) Ironton 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.

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

41437
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
(b) Township Primary Registration District No. 4230 Registered No.
(c) City Fronton (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Jean Ballinger
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 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 m.

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

extensive burns on body Date of onset

Other contributory causes of importance:

nephritis 18

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? Accid Date of injury Nov 8 1937

Where did injury occur? Iron County, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home burned with scalding water.

Nature of injury As above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George B. [Signature], M. D.

(Address) Fronton

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

PA 11000