

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

Do not use this space.

3134

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 3134
Township Bellevue Primary Registration District No. 5569 Registered No. 3
City Jasper Belle Center - R. 3 (Ward)

2. FULL NAME

(a) Residence, No. W. Estel Janson St. Belle Center - R. 3 (If nonresident, give city or town and State)
(Usual place of abode)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from November, 1937 to January 26, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1877

I last saw her alive on January 26, 1938 Death is said

7. AGE YEARS 60 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 2:00 a.m. 1/26/38

The principal cause of death and related causes of importance were as follows:
Chronic Arthritis Date of onset

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

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

10. Date deceased last worked at this occupation (month and year) 5 yrs 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Rheumatism

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Center Missouri

13. NAME Mellie Janson

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Manage Taylor

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) W. M. Stephens Belle Center Mo

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

18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue Missouri

19. UNDERTAKER (ADDRESS) W. M. Stephens Belle Center Mo

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

If so, specify _____

19. UNDERTAKER (ADDRESS) W. M. Stephens Belle Center Mo

(Signed) A. St. Reinchester, M. D.

20. FILED 1-26-1938 W. D. Janson Registrar

(Address) Jasper, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Winchester

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RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH