

Let DEC 16 1938

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

Do not use this space.

38859

1. PLACE OF DEATH

109 County Cass Registration District No. 148
Township 1 Primary Registration District No. 4082
City Belton (No. 230) St. Mo. Ward Post

File No. _____
Registered No. 19

2. FULL NAME

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1861
7. AGE YEARS 77 MONTHS 2 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Jerseyville Ill.

13. NAME David Rose

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

15. MAIDEN NAME Eliza Mc Bride

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. City

17. INFORMANT Mrs. J. P. Jones (ADDRESS) Belton

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Mo DATE Dec 1, 1938

19. UNDERTAKER B. K. George & Sons (ADDRESS) Belton, Mo.

20. FILED 11-30 1938 W. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938, to Nov 29, 1938
I last saw her alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 4:10 pm.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11-29-38

Other contributory causes of importance: 58 21

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 R. M. Miller (Signed) _____, M. D.
(Address) Belton 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.

