DEC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cooper County 2
Township 1
City Bunceton, Mo 1 (No. ..... St. ..... Ward)

Registration District No. 219
Primary Registration District No. 4132

File No. 2093
Registered No. .....

2. FULL NAME Belle Crump 651

(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September, 15, 1874

7. AGE: Years 64; Months 4; Days 10; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Dec. 1, 1939
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Missouri

FATHER
13. NAME: James Larry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

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

17. INFORMANT (ADDRESS): Henry Crump 2808 No 30 St Omaha Neb

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bunceton, Mo DATE: January, 28, 1939

19. UNDERTAKER (ADDRESS): Jewell E. Richards Tipton, Mo

20. FILED: 1-27-1939 Ann Whitaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to 1-25, 1939
I last saw her alive on 1-23, 1939 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/1/38

Other contributory causes of importance: Arteriosclerosis — Unknown

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 .....
(Signed) A. A. Meredith M. D.
198 (Address) Prairie House Mo

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

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 2/6/39