

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

Do not use this space.

22448

1. PLACE OF DEATH

County Jefferson
Township De Soto
City De Soto (No. 421)

Registration District No. 420
Primary Registration District No. 5574

File No. 22448
Registered No. 38
St. _____ Ward _____

2. FULL NAME

ANNNA JEAN BELT

(a) Residence, No. Rt. 1 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. or 3.0 min.

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. Infant.
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) De Soto, Mo. Route #1

13. NAME Louis Belt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierrre city Mo.

15. MAIDEN NAME Lucille Bombon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lueffering, Mo.

17. INFORMANT Louis Belt. (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery Boneter DATE June 18, 1939

19. UNDERTAKER (ADDRESS) H. OR WHINNER, H. 716 S. 3rd, DE SOTO, MO.

20. FILED 7/6 1939 Jeneve Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 18, 1939, to June 18, 1939

I last saw her alive on June 18, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Premature delivery (cause unknown). Date of onset 6/18/39

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? central 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) Paul V. Neff, M. D.
(Address) Edgar Bell, De Soto, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

