

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

25231  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Callaway Registration District No. 104  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3008 Registered No. 172  
 (c) City Fulton (d) Street No. \_\_\_\_\_  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

530 Mrs. Belle Smith  
 (a) Residence, No. 831 Westminster 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**

1. COLOR OR RACE Female Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880  
 7. AGE YEARS 59 MONTHS — DAYS — If LESS than 1 day, ..... hrs. or ..... min.  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-1<sup>st</sup> 1939  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw her as dead on July-1<sup>st</sup> 1939. Death is said to have occurred on the date stated above, at 11:30 P. m.  
 The principal cause of death and related causes of importance were as follows:

Death caused from natural causes apparently from a sudden attack of Heart ailment.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 200W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME John McRamey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Mattie Vaughn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Mrs. Fannie Jordan Jacksonville Ill  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo. DATE July 4 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eli Bell Fulton, Mo  
 20. FILED July 3 1939 R. M. Crews Local Registrar.

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) J. W. Holman coroner  
 (Address) 80 E 8th St. Fulton, 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.

APR 5 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Eli Bell*

Licensed Embalmer No. *2130*  
P. O. Address *Fulton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**