

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39284

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1. PLACE OF DEATH

County MontgomeryRegistration District No. 595Township 2City Wellsville Mo(No. 4853)Primary Registration District No. 4853File No. 25Registered No. DEC 11 1940St. MoWard 12. FULL NAME Lavina Jane Belts(a) Residence, No. Wellsville Mo

(Usual place of abode)

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds.How long in U. S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A Belts6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 5 - 18557. AGE YEARS 85MONTHS 1DAYS 23

If LESS than 1 day, ...hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife9. 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) Bay Mills(STATE OR COUNTRY) Ohio13. NAME George Tillman14. BIRTHPLACE (CITY OR TOWN) Ohio

(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Stephens16. BIRTHPLACE (CITY OR TOWN) Ohio

(STATE OR COUNTRY)

17. INFORMANT Mrs. L. S. Phears(ADDRESS) Ladonia Mo18. BURIAL, CREMATION, OR REMOVAL Wellsville Mo

PLACE

DATE Nov - 30

1940

19. UNDERTAKER J. W. Keene(ADDRESS) Wellsville Mo20. FILED Nov 30 1940

Miss M. McDermott

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28194022. HEREBY CERTIFY, That I attended deceased from Mar 151940 to Nov 281940I last saw him alive on 11-281940 Death is saidto have occurred on the date stated above, at 9:15 PM

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

Myocarditis and
myocardial degenerationDate of onset ?

Other contributory causes of importance:

Arterio-sclerosisDate of onset ?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 - 1940Where 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? NoIf so, specify -(Signed) J. W. Keene

M. D.

(Address) Wellsville Mo

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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.

