

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

Do not use this space.

1. PLACE OF DEATH

County... Henry
Township.....
City... Clinton (No. 711)

Registration District No. 347
Primary Registration District No. 3018

File No. 23618
Registered No. 96
St. Ward)

2. FULL NAME

Miss Belle Reusley

(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)

Widow

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

Julia Reusley

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

Mar 4 1884

7. AGE

YEARS MONTHS DAYS
44 4 12
If LESS than 1 day; ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer A. A. Osborn

9. BIRTHPLACE (CITY OR TOWN)

Wich

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Lewis Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Wich

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Dora Krewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Dora Krewer

(STATE OR COUNTRY)

Missouri

14. INFORMANT

Elmer Hayes
(Address) Clinton Mo

15. FILED

July 16 1928 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

7-16 1928

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dead when buried
200A

CONTRIBUTORY (SECONDARY)

205B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) G. Schalkers..... M. D.

7-16, 1928 (Address) Clinton mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wich 210 July 17 1928

20. UNDERTAKER

ADDRESS

Lewis W. Krewer Clinton

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.

