

DR. SMITH

FEB 19 1935

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

Do not use this space.

119

1. PLACE OF DEATH

County BATES

Registration District No. 59

Township

Primary Registration District No. 10005

City RICH HILL Mo. (No.)

St. Ward)

2. FULL NAME

JENNIE BELCHER

(a) Residence, No. 105

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

WILLIAM BELCHER

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

AUG 17 - 1857

7. AGE

YEARS 77

MONTHS 4

DAYS 19

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEKEEPER

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

CONNORSVILLE INDIANA

13. NAME

McMILLIAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN

15. MAIDEN NAME

UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

MABLE SAWYER RICH HILL Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GREENLAWN - DATE JAN 6 - 1935

19. UNDERTAKER (ADDRESS)

BOOTH-BOUGHAN RICH HILL Mo.

20. FILED

Jimmie G. Jones Registrar

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

JAN. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 16 1932 to Jan 5 1935

I last saw her alive on Jan 4 1935. Death is said

to have occurred on the date stated above, at 4 P.M.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

General Debility
Adenomatous Thyroid
Chronic Bronchitis -

Name of operation Date of No

What test confirmed diagnosis? 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?

If so, specify

(Signed) Robert Smith M. D.

(Address) Rich Hill, 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.

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