JUL 29 1937

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

Do not use this space.

23965

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME Minnie Bell Belcour
(a) Residence, No. 111 South Ella St. Picher Ward. Okla. Picher, Okla.
(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. 8 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF John W. Belcour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	65	2	20	

OCCUPATION
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. Hwy.
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) Manes Mo.

FATHER
13. NAME Jim Austin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jo Unknown

MOTHER
15. MAIDEN NAME Terrie Hilsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Murlin Belcour - Son 111 S Ella - Picher, Okla.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Miami, Okla. DATE 6/9/37, 19

19. UNDERTAKER (ADDRESS) Darnell Undertaker Picher Okla.

20. FILED 6-8, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937 to June 7, 1937
I last saw her alive on June 7, 1937 Death is said to have occurred on the date stated above, at 4:35 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emballous	

Other contributory causes of importance:
Myo. Carditis - chr.

Name of operation None Date of
What test confirmed diagnosis? No 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) [signature], M. D.
(Address) Joplin 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.

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