

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.

MAY 24 1939

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

Do not use this space.

16372

1. PLACE OF DEATH

County Vernon

Registration District No. 875⁰

File No. _____

Township _____

Primary Registration District No. 3039

Registered No. 112

City Nevada

No. _____

St. _____ Ward _____

2. FULL NAME

Reuby, Jane Belknap

(a) Residence, No. 329 1/2 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond E. Belknap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1885

7. AGE YEARS 44 MONTHS 1 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Home wife
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) Milledgeville Ill

MOTHER 13. NAME Samuel S. Wiles

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

15. MAIDEN NAME Anna Fleming

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

17. INFORMANT (ADDRESS) Raymond E. Belknap Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Burial Park DATE 4/25 1939

19. UNDERTAKER (ADDRESS) Beisinger Funeral Home Nevada, Mo

20. FILED 4-27 1939 Allen V. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1939

22. I HEREBY CERTIFY, That I attended deceased from Mon 1934 to April 23 1939

I last saw him alive on April 23 1939. Death is said to have occurred on the date stated above, at 3:30 am.

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

Cerebral Hemorrhage Jan 1, 1939
Essential Hypertension April 9, 1939
57 yrs

Other contributory causes of importance: 820

Acute Glomerular Nephritic Nephrosis 1939

Name of operation _____ Date _____
What test confirmed diagnosis? Laboratory 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) Nevada Mo

RECEIVED
District Health Officer No. 7
District File Number 7-25-74
Date Filed 8-8-39