

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

Do not use this space.

25991

1. PLACE OF DEATH

County Ray
Township Ornick
City (No.)

Registration District No. 743
Primary Registration District No. 5978

File No.
Registered No. 9
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harru Bellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/19/1882</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>	
	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) <u>Ray Co Mo</u>		
MOTHER / FATHER	13. NAME <u>James O Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
	15. MAIDEN NAME <u>Nettie Reunier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
17. INFORMANT (ADDRESS) <u>George Williams</u> <u>Ornick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rowland Church</u> DATE <u>7/10</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Ornick Mo</u>		
20. FILED <u>July 10</u> 19 <u>31</u> <u>L. E. Ellis</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1931 to 7/9 1931
I last saw her alive on 7/9 1931. Death is said to have occurred on the date stated above, at 1:30 pm.
The principal cause of death and related causes of importance were as follows:
Tonic Myocarditis following erysipelas
158
93A
Other contributory causes of importance:
Extreme cachexia

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 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) L. J. Boyle M. D.
(Address) Ornick 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.

39 1931

