

DEC 30 1936

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

Do not use this space

42273

1. PLACE OF DEATH

County Ray
Township
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 119
St. Ward)

2. FULL NAME

(a) Residence, No. Ms. George W. Bellis 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

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u> | | |
| 7. AGE YEARS <u>72</u> | MONTHS | DAYS |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Don't know</u> <u>Missouri</u> | | |
| 13. NAME <u>James Bellis</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Kentucky</u> | | |
| 15. MAIDEN NAME <u>Jane Bellis</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Kentucky</u> | | |
| 17. INFORMANT (ADDRESS) <u>McLoud Jeffries</u> <u>Richmond, Missouri</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Balds Chapel</u> DATE <u>December 6, 1936</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>R. W. Mansur</u> <u>Richmond, Missouri</u> | | |
| 20. FILED <u>12-10</u> 19 <u>36</u> <u>E. C. Ray</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

suicide by jumping in front of train
Other contributory causes of importance:

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) E. C. Ray, M. D.(Address) Richmond, Missouri

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.

