

MAR 28 1935

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

Do not use this space.

10290

## 1. PLACE OF DEATH

County

Ray

Registration District No.

744

Township

Richmond

Primary Registration District No.

3-0-35

City

" RFD. (No.

5976B

File No.

Registered No.

19

St.

Ward

## 2. FULL NAME

Jacob M Bellis

(a) Residence, No.

(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

3. SEX

Male

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

Belle Bellis

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

2/11/1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

74

0

23

OCCUPATION

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

Farmer

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)

Ray Co Mo

MOTHER

13. NAME

Austin Bellis

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

Kentucky

15. MAIDEN NAME

Nancy Lewis

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

Kentucky

17. INFORMANT (ADDRESS)

Jessie Bellis Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamilton Crest DATE 3/16 1935

19. UNDERTAKER (ADDRESS)

C. V. Gibson Orrick Mo

20. FILED

3-9

19

35

E. E. Ray

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

3/4

1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 3

1935, to

Mar 3, 1935

I last saw him alive on

Mar 3

1935. Death is said

to have occurred on the date stated above, at 11:30 P. m.

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

Date of onset

1. Uremia, Respiratory failure

12/4/30

Other contributory causes of importance:

1. Partial Heart Block  
2. Chronic Interstitial Nephritis  
3. Alcoholic Nephrosis

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

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)

C. V. Gibson

M. D.

(Address)

Orrick, 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.

