

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

Do not use this space.

32599

1. PLACE OF DEATH

County Cooper Registration District No. 227
Township Prater Home Primary Registration District No. 5305
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17 St. _____ Ward _____

2. FULL NAME

Betty Lee Belinger
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1933

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

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. _____
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) Cooper County Mo.

MOTHER 13. NAME Orville Belinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. Mo.

15. MAIDEN NAME Lucretia Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. Mo.

17. INFORMANT Orville Belinger
(ADDRESS) Prater Home, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs Cemetery DATE 10/27 1933

19. UNDERTAKER William F. Friedmeyer
(ADDRESS) California, Mo.

20. FILED 10-27, 1933 W. H. Meredith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1933 to Oct 26th, 1933

I last saw h- or alive on Oct 26, 1933 Death is said

to have occurred on the date stated above, at 7 a. m.

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

Premature birth Date of onset _____

Other contributory causes of importance: 159

Name of operation home 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? no

If so, specify _____

(Signed) W. H. Meredith, M. D.

(Address) Princeton, 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.

NOV 10 1933

