

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

Do not use this space.

42756

1. PLACE OF DEATH -

County Saline Registration District No. 794
Township Cummins Primary Registration District No. 60354
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Lawrence Belstle

(a) Residence, No. _____ 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. 1 mos. 5 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>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-24-32</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>5</u>
		If LESS than 1 day, _____ hrs. or _____ min.
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. <u>Babe</u>	
	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>Chariton county</u>		
FATHER	13. NAME <u>Edward Belstle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joas. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Hutmaw</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joas. Mo</u>	
17. INFORMANT <u>Edward Belstle</u> (ADDRESS) <u>Joas. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thomas</u> DATE <u>12-31</u> 19 <u>32</u>		
19. UNDERTAKER <u>Tom Miller</u> (ADDRESS) <u>Joas. Mo.</u>		
20. FILED <u>2-6-33</u> <u>J. D. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1932 to 12-29, 1932
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
reflexia
Date of onset 11-24-32

Other contributory causes of importance: 11 B 11 B

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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. B. Litcher, M. D.
(Address) Joas. 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.

1933

THIS IS A PERMANENT RECORD

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