

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

Do not use this space.

1. PLACE OF DEATH

45 County Howard Registration District No. 377
Township Boonslick Primary Registration District No. 4241
City _____ (No. _____) _____ St. _____ Ward _____

File No. 536275
Registered No. 4

2. FULL NAME Elvin Belstle

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 5 mos. 1 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>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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-20-1927</u>		
7. AGE	YEARS <u>6</u>	MONTHS <u>5</u>
	DAYS <u>1</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. _____	
	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>Saline County Missouri</u>		
FATHER	13. NAME <u>Edward Belstle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Elizabeth Heitman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Edward Belstle</u> (ADDRESS) <u>Saline County Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Glasgow</u> DATE <u>Aug 22 1933</u>		
19. UNDERTAKER <u>Tom Hillen</u> (ADDRESS) <u>Glasgow Mo.</u>		
20. FILED <u>Aug 31 1933</u> <u>Dr. Ross Turner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Aug 21 1933
I last saw h. at his home alive on _____ Death is said to have occurred on the date stated above, at 2:00 pm.

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

accident fracture of cervical spine, 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acc Date of injury 8-21 1933

Where did injury occur? at home - home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In yard of home
Nature of injury Ran into wire fence fracturing Cerv. Spine

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W.H. Bigler, M. D.
(Address) Bronson 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.

SEP 26 1933

