

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

Do not use this space.

121

1. PLACE OF DEATH

County *De Kalb*
Township *Washington*
City *Clarksville* (No. *1*)

Registration District No. *258*
Primary Registration District No. *1157*

File No. *2590*
Registered No. *1*
St. _____ Ward _____

2. FULL NAME

Alfred Leroy Belcher 426

(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. (If nonresident, give city or town and State)

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 *Ellie Ada Belcher*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-3-34*

7. AGE YEARS *83* MONTHS *9* DAYS *25* If LESS than 1 day, _____ hrs. or _____ min.

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. *Blacksmith*

10. Date deceased last worked at this occupation (month and year) *FEB 20 1938* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lawrence Mich.*

13. NAME *John Belcher*

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

15. MAIDEN NAME *Oris Parks*

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

17. INFORMANT (ADDRESS) *Jessie Belcher
Clarksville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Plant Home* DATE _____ 19____

19. UNDERTAKER (ADDRESS) *John G. Brown
Clarksville Mo.*

20. FILED *Jan 31, 1938* mo @ *M. Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-24-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 1* 19*37*, to *Jan. 24* 19*38*
I last saw him alive on *Jan. 24* 19*38*. Death is said to have occurred on the date stated above, at *4 P.m.*

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

Paraplegia - Right

Date of onset *12-15-38*

Other contributory causes of importance: *none*

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? _____ 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) *D. L. Curtis* M. D.
233 (Address) *Clarksville Mo.*

OCCUPATION

FATHER

MOTHER

BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-90
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 25-8
 (b) Township Clarksdale Primary Registration District No. 7-15-7 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Leroy Belcher

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 9 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE 1/30 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1/31 1938 Mrs E M Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:

Septicemia - Right
Signs to apoplexy
 Other contributory causes of importance: _____

Date of onset

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) P. L. Perkins, M. D.
 (Address) Clarksdale mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE IF IT IS COMPLETED AS PRESCRIBED BY LAW.

S-2590 1938