

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 27 1927

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

Do not use this space.

23976

1. PLACE OF DEATH

County Dade

Registration District No. 237

Township Cedar

Primary Registration District No. 4144

City Greenfield

(No. _____) St. _____ Ward _____

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME

Jack Elwood Belcher

(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. 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)

Infant.

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

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

Aug 13, 1927

7. AGE

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Greenfield Mo.

10. NAME OF FATHER

C. P. Belcher.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cedar Co.

12. MAIDEN NAME OF MOTHER

Ruth Duncan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dade Co.

14.

INFORMANT
(Address)

C. P. Belcher.
Greenfield Mo.

15.

FILED

8-24-27

E. P. Ball

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

8-23-1927

17.

I HEREBY CERTIFY, That I attended deceased from 8-12-, 1927, to 8-23-, 1927 that I last saw him alive on 8-23-, 1927, and that death occurred, on the date stated above, at 130 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - (Bronchial)

316

CONTRIBUTORY (SECONDARY)

Inherited Syphilis

18. WHERE WAS DISEASE CONTRACTED

IF NO PLACE OF DEATH, at Place of Death

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Sec. Symp.

(Signed) Theodore Allen Pines, M. D.

, 19 (Address) Box 353 Greenfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenfield Cemetery Aug 23, 1927

20. UNDERTAKER

ADDRESS

J. W. Ward - Greenfield Mo

