

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

Do not use this space.

8592

1. PLACE OF DEATH

County Greene
Township Center
City..... (No..... St..... Ward)

Registration District No. 320
Primary Registration District No. 5443

File No. 7
Registered No.

2. FULL NAME

Isaac Vance Bellick

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 19 1928

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

17. I HEREBY CERTIFY That I attended deceased from Mar 14 1928 to Mar 19 1928 that I last saw him alive on Mar 14 1928, and that death occurred, on the date stated above, at 3:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 30 - 1836

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 | 8 | 19 | 2

Myocarditis
9369013
91 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Home

10. NAME OF FATHER Don't Know

DID AN OPERATION PRECEDE DEATH? No DATE OF V

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Don't Know

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Don't Know

(Signed) Charles E. Pallas, M. D.
3-19 1928 (Address) Springfield Mo.

14. INFORMANT Roy Bellick
(Address) Elwood Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clear Creek DATE OF BURIAL 3-20 1928

15. FILED 3/18 1928 Lucy E. Hoyal REGISTRAR

20. UNDERTAKER Rufus Hoyal ADDRESS Bois D'Arcy 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.

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