

CT 24 1928

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

Do not use this space.

30021

1. PLACE OF DEATH

County *Clay*  
Township *Liberty*  
City *Liberty* (No. *1*)

Registration District No. *201*  
Primary Registration District No. *3780*

File No. ....  
Registered No. *91*  
St. .... Ward

2. FULL NAME

(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.

*John S. Belt*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 22 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*74 9 23*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Inmate of*  
(b) General nature of industry, business, or establishment in which employed (or employer) *I.O.F. Home*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Leura Co. Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Wm H. Belt*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ind.*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Acemey Spurgeon*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ind.*  
(STATE OR COUNTRY)

14. INFORMANT *Paul R. Rogers*  
(Address) *Liberty, Mo*

15. FILED *10/10/28* *Wm H. Spurgeon*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 15 1928*

17. I HEREBY CERTIFY That I attended deceased from *Sept 15* to *Sept 15* 1928 that I last saw him alive on *Sept 15* 1928, and that death occurred, on the date stated above, at *1030 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*uremia*  
*12 1/2*  
*12 1/2*  
CONTRIBUTORY (SECONDARY) *hypertension*  
(duration) *1* yrs. *1* mos. *1* da.  
(duration) *1* yrs. *1* mos. *1* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *J.H. Matthews*, M. D.

(Address) *Liberty, 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

*Grain Mo* DATE OF BURIAL *9/27 1928*

20. UNDERTAKER

*Chas. Archer* ADDRESS *Liberty 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.

