

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

Do not use this space.

37114

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Ke Mo (No. 2901 Tracy)

Registration District No. 399  
Primary Registration District No. 2

File No. 4764  
Registered No. 4764  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2901 Tracy St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OF FACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 18, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 | 6 | 26 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
(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) \_\_\_\_\_

10. NAME OF FATHER Jas. M. Belshe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Julia Slaggle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Harriett Belshe (Address) 2901 Tracy

15. FILED 11/27 19 28 M. M. Asor REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 19 28

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Nov 26, 1928. (that I last saw him alive on Nov 24, 1928., and that death occurred, on the date stated above, at 10 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer - Lower Maxillary  
Teeth (duration) 1 yrs. 4 mos. 4 da.

CONTRIBUTORY (SECONDARY) Tuber Pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) E. J. Morrow M. D.

11/27, 19 28 (Address) 5450 Troost Ave

\*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 Meadview Mo DATE OF BURIAL Nov 28 1928

20. UNDERTAKER Mrs C. L. Foster, Ke Mo ADDRESS \_\_\_\_\_

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.

THIS IS A PERMANENT RECORD

