

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

Do not use this space.

41714

1. PLACE OF DEATH

County Miller
Township Richwoods
City Iberia

Registration District No. 562
Primary Registration District No. 2737

File No.
Registered No.
St. Ward)

2. FULL NAME

Henry Belk

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24-1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 8 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Osage, Co.
(STATE OR COUNTRY)

10. NAME OF FATHER James Belk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emiline Anderson

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

14. INFORMANT Mrs. Elmer Prater
(Address)

15. FILED Jan 10, 29 W. A. Van Gump
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 14, 1928, that I last saw him alive on Dec 14, 1928, and that death occurred, on the date stated above, at 12 1/2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency
9 to 900
CONTRIBUTORY (SECONDARY) 900

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) E. W. Duncan, M. D.

12/15-1928 (Address) Iberia, 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 Family Cemetery near home DATE OF BURIAL 12/15 1928

20. UNDERTAKER D. L. Basey ADDRESS Iberia

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

