

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

Do not use this space.

1441  
B. N.  
File No. \_\_\_\_\_  
Registered No. 433  
St. \_\_\_\_\_ Ward

**1. PLACE OF DEATH**

County Jackson  
Township New  
City N. E. 2220

Registration District No. 399  
Primary Registration District No. 1002  
(No. 600 - East 30th St.)

**2. FULL NAME**

Charles Bellows  
(a) Residence. No. 2300 - E. 30th St., 11 Ward.  
(Usual place of abode)

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 May Bellows

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	47	3	16	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Cafe owner  
(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) Kansas

**PARENTS**

10. NAME OF FATHER no record - Bellows  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record  
12. MAIDEN NAME OF MOTHER no record  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Mrs. May Bellows  
(Address) 6214 Swape Parkway

15. Jan 30 1930 M. M. Croque  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1930

17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 11:30 Am. m.

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

Heart  
990  
CONTRIBUTORY (SECONDARY) 910  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Stanley H. Hays M. D.  
1/29 1930 (Address) St. Louis Colonel

\*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 Memorial Park. DATE OF BURIAL Jan 31 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS N. E. 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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