

MAR 28 1930

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

Do not use this space.

5766

**1. PLACE OF DEATH**

County Montgomery  
Township Prairie  
City Middletown, Mo. (No. .... St. .... Ward)

Registration District No. 591  
Primary Registration District No. 5789

File No. ....  
Registered No. ....

**2. FULL NAME** James Camel Belcher

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 23 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 Sarah A. Belcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5th. 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
79 8 16

8. OCCUPATION OF DECEASED Farmer

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

9. BIRTHPLACE (CITY OR TOWN) Mercer County  
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER Amos Belcher  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Elizabeth Holson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)

14. INFORMANT Arthur Belcher  
(Address) Middletown Mo

15. FILED 2/24-19-30 Amos Davidson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb; 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov; 7, 1930, to Feb; 21 1930  
that I last saw h. im alive on Feb; 20, 1930, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinary

(Signed) A. Hirsch M. D.

Feb; 21, 30 (Address) Middletown, 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 Midway Church Cemetery DATE OF BURIAL Feb. 22 1930

20. UNDERTAKER Jones & Wells ADDRESS Middletown Mo.

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