

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

Do not use this space.

15614

1. PLACE OF DEATH

County Jackson Jay Registration District No. 197
Township Harrison Primary Registration District No. 5276
Walter C. 2nd (No. 100)

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Alford Beller
(a) Residence No. Harrison 2nd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1930 to May 22, 1930 that I last saw him alive on May 21, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1951
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 15

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strepto-cocci Septicemia
36

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED Ind (duration) _____ yrs. mos. ds.
CONTRIBUTORY Infermitis of age (SECONDARY) (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 41
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Del Beller

WHAT TEST CONFIRMED DIAGNOSIS Culture of pus
(Signed) Russell C Foster, M. D.
5/23 19 (Address) North Kansas City, Mo

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Mary Beller
(Address) Harrison Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Mo DATE OF BURIAL May 24 1930

15. FILED 5/25 1930 GR 2299 REGISTRAR

20. UNDERTAKER Rose Henderson ADDRESS city

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

November 1982
2012 E.C.O.