

NOV 22 1930

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

Do not use this space.

32556

1. PLACE OF DEATH

County Franklin  
Township Central  
City St. George

Registration District No. 294  
Primary Registration District No. 4678

File No. ....  
Registered No. 10  
St. .... Ward)

2. FULL NAME

J. N. Belew

(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

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Annie Belew  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1855  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 11 23

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20 1930  
17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1927, to 10-20, 1930 that I last saw him alive on 10-20, 1930, and that death occurred, on the date stated above, at 12:02 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia  
93D  
1107A (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY myocarditis (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED? 9000  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF 10-20  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Culture of  
(Signed) W. N. Deverest, M. D.

9. BIRTHPLACE (CITY OR TOWN) Mt. Hope, Mo. (STATE OR COUNTRY)  
10. NAME OF FATHER Joseph Belew  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sarah Dixon  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia (STATE OR COUNTRY)

\*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.  
10/20 1930 (Address) St. Clair Mo.

14. INFORMANT J. N. Belew  
(Address) St. Clair Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MT Zion DATE OF BURIAL Oct 21 1930  
20. UNDERTAKER Union Fruit Co. ADDRESS Union, Mo.  
By W. N. Deverest

15. FILED 10/20 1930 W. E. Mitchell REGISTRAR

K. 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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