

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

Do not use this space.

39362

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Draw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 3511) Park Avenue (Ward)

File No. \_\_\_\_\_  
 Registered No. 4929

**2. FULL NAME**

Alfred Campbell Belt  
 (a) Residence. No. 3511 Park St., 13 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. (If nonresident, give city or town and State)

**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 Mrs. Rellie A. Belt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 6 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) (Retired - 15 years)  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Alfred C. Belt

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

12. MAIDEN NAME OF MOTHER Mary R. Mills

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

14. INFORMANT Mrs. Rellie A. Belt

(Address) 3511 Park Ave

15. FILED 1/8 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1930, to Dec 8 1930 that I last saw him alive on Dec 8, 1930, and that death occurred, on the date stated above, at 2 am pm.

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

Acute Angina Pectoris  
1 1/2 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Old age  
 (duration) yrs. mos. ds.

**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) James J. Ferguson, M. D.  
1/8 1930 (Address) 734 Agency

\*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 DATE OF BURIAL

Forest Hill Dec 9 1930

20. UNDERTAKER ADDRESS

D. N. Newcomer's Sons 2116 9th St

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.

734 Argyle - 30 E. 12 = St.  
11:30 - 4