

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

Do not use this space.

**8686**

**1. PLACE OF DEATH**

County Adair  
Township Belleville  
City Mexico Mo

Registration District No. 24  
Primary Registration District No. 3002

File No. \_\_\_\_\_  
Registered No. 27  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. John A. Bellamy Hospital \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Bula Bellamy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
64 7 7 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Dr. M. D. Foster  
(b) General nature of industry, business, or establishment in which employed (or employer) General Foster  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Quincy Nevada  
(STATE OR COUNTRY)

10. NAME OF FATHER Emmett Bellamy  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mont Vernon  
(STATE OR COUNTRY) Ohio  
12. MAIDEN NAME OF MOTHER Anna Gray  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mr. Bula Bellamy  
(Address) Belleville Mo

15. March 5 1931 John A. Milligan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1931

17. March 1 1931 to March 5 1931  
HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
that I last saw him alive on March 5 1931, and that  
death occurred, on the date stated above, at 6:30 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute nephritis (type undetermined)  
Myocarditis, chronic.  
(duration) yrs. mos. da.

CONTRIBUTORY Cerebral Hemorrhage  
(SECONDARY)  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Belleville Mo  
IF NOT PLACE OF DEATH

19. HAD AN OPERATION PRECEDING DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical & clinical findings  
(Signed) H. C. Brasher M. D.  
3/5/31, 19 (Address) Mexico 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Middleton Mo DATE OF BURIAL 3-7 1931

20. UNDERTAKER F. B. Hall ADDRESS Belleville

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.

