

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

Do not use this space.

20215

1. PLACE OF DEATH

County Chambers

Registration District No. 802

Township Chambers

Primary Registration District No. 4451

City Chambers (No.)

St. Ward

2. FULL NAME

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Belarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21-1851

7. AGE YEARS 80 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Samuel Belarkson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Buchanan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT A. J. Belarkson (ADDRESS) Chambers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chambers DATE May 9 1931

19. UNDERTAKER Roberts & Moore (ADDRESS) Chambers Mo

20. FILED May 8 1931 J. B. Bridges Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1931

22. I HEREBY CERTIFY, That I attended deceased from April 13 1931, to May 7 1931.

I last saw him alive on May 7 1931. Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Aneurysm and Myocardial Infarction, with Otitis Media and Bronchitis.

Other contributory causes of importance: 109A
Asiaticus Melitensis

Name of operation none Date of.....
What best confirmed diagnosis? Chm Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury..... 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. B. Bridges M. D.
(Address) Chambers Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 20 1931

