

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

Do not use this space.

31250

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
St. St. Joseph Hospital

File No. \_\_\_\_\_  
Registered No. 3747  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

John Bellis

(a) Residence, No. Majestic Hotel St. 1 Ward.

(Usual place of abode) K.C. Mo.

(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 (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie V. Bellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1859

7. AGE YEARS 72 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. in charge of filling Sta.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Court Garage

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) Kansas City, Missouri

13. NAME John Bellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

15. MAIDEN NAME Margaret Fleury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Marshall Haddock (ADDRESS) 3624 Walnut St., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Sept. 11, 1931

19. UNDERTAKER Gates Funeral Home, (ADDRESS) K.C. Kans.

20. FILED 9/10, 1931 M. M. Corone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Sept 9, 1931. I last saw him alive on Sept 9, 1931. Death is said to have occurred on the date stated above, at 1:20 P.M.. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis with myocardial degeneration  
Arteriosclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 93C, 94B, 97

Name of operation Elastic endoprostheses Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) \_\_\_\_\_, M. D.  
(Address) 925

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.

