

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.

MAR 21 1932

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

Do not use this space.

3652

1. PLACE OF DEATH

County Andrew
Township Saltwater
City Mexico (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

Robert Edwin Belcher
(a) Residence, No. 7335 Davis St. 4th 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2, 1926</u>		
7. AGE YEARS <u>5</u>	MONTHS <u>5</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>		
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) <u>Mexico</u> <u>ms.</u>		
13. NAME <u>E. O. Belcher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County</u> <u>ms.</u>		
15. MAIDEN NAME <u>Lucy Francis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County</u> <u>ms.</u>		
17. INFORMANT (ADDRESS) <u>Lucy Belcher</u> <u>Mexico</u> <u>ms.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Feb. 18th</u> <u>1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Paul & Son</u> <u>Mexico</u> <u>ms.</u>		
20. FILED <u>Feb. 18th</u> <u>1932</u> <u>Ina S. Milligan</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-10- 1931, to 2-17- 1932

I last saw him alive on 2-16- 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:
Acute Nephritis
Pott's Disease of Spine

Date of onset _____

Other contributory causes of importance:
uremia
gle (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) N. J. Ector M. D.
(Address) Mexico, ms.

