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 23 1932

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

Do not use this space.

11946

1. PLACE OF DEATH

22 County Christian — Registration District No. 184 — File No.

Township S. Galloway — Primary Registration District No. 6270 — Registered No. 78

City ~~Spokane Mo~~ (No. , St. Ward)

2. FULL NAME Infant

(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: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Spokane Mo

FATHER

13. NAME Clifford Belyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co

MOTHER

15. MAIDEN NAME Miss Levina Vele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co

17. INFORMANT (ADDRESS) Clifford Belyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spokane Mo DATE April 7th 1932

19. UNDERTAKER (ADDRESS) None

20. FILED April 20, 1932 Ruth Garrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1932, to April 6th, 1932

I last saw him alive on April 6th, 1932. Death is said to have occurred on the date stated above, at 6 P m.

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

Premature

159 159

Date of onset

Other contributory causes of importance:

(1)

Name of operation Date of

What test confirmed diagnosis? Clinical 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) P E Williams, M. D.

(Address) Highlandville Mo