

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

Do not use this space.

36731

1. PLACE OF DEATH

83 County Platt Co
Township Pettie
City Parkville

Registration District No. 695

Primary Registration District No. 3923

(No. Parkville Mo. R #9)

File No. 876

Registered No. 34

St.

Ward)

2. FULL NAME

Minnie Belcher
(a) Residence, No. Parkville mo R #3 St.
(Usual place of abode)

Ward.

(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

Fe

4. COLOR OR RACE

wh

**5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**

wid

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

Geo Belcher

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

July 19-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

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)**

FATHER

13. NAME

J C Bryan

**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

Mo

15. MAIDEN NAME

Elizabeth

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

Ohio

**17. INFORMANT
(ADDRESS)**

L E Belcher
Washington Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wt Washn

DATE

Novem 7

1932

**19. UNDERTAKER
(ADDRESS)**

Mrs C L Foster

20. FILED

11-6

1932

J H Miller

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1 1932 to Nov 6 1932

I last saw him alive on Nov 8 1932 Death is said

to have occurred on the date stated above, at 7:30 am Nov 6-32

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

Similarity

Date of onset

10487
10607 06 13 0

Other contributory causes of importance:

Heavy Cold
insulted in Bronchitis

Name of operation Date of

What test confirmed diagnosis? None 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) J H Miller M. D.

(Address) Parkville

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.

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

