

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

Do not use this space.

42756

1. PLACE OF DEATH

County Saline
Township Cambridge
City (No. _____)

Registration District No. 744
Primary Registration District No. 60354

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-24-32</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Butcher</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) Chariton county

FATHER
13. NAME Edward Belstle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joas. Mo.

MOTHER
15. MAIDEN NAME Elizabeth Hutmam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joas. Mo.

17. INFORMANT Edward Belstle
(ADDRESS) Joas. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thomas DATE 12-31 1932

19. UNDERTAKER Tom Miller
(ADDRESS) Joas. Mo.

20. FILED 2-6 1933 J. D. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1932 to 12-29 1932

I last saw him alive on _____ 19____. Death is said

to have occurred on the date stated above, at Joas.

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

refugee 11-24-32

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Obit 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) W. B. Lilester M. D.

(Address) Joas. Mo.

