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.

JUN 22 1933

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

Do not write in this space. 16276 16110 97 ~~16276~~

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No. ~~16276~~

3 Township — Primary Registration District No. 2001 — Registered No. 402

5 City Springfield Mo. (No. Baptist Hospital St. Ward)

2. FULL NAME J. C. Beltz

(a) Residence, No. Willow Springs, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 - 1924

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
9	1	1	

OCCUPATION

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

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) Culver, Kansas

FATHER

13. NAME L. E. Beltz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodston, Kansas

MOTHER

15. MAIDEN NAME Ruth Redding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culver, Kansas

17. INFORMANT (ADDRESS) L. E. Beltz Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Springs Cemetery, Texas County DATE May 18, 1933

19. UNDERTAKER (ADDRESS) Family

20. FILED 5-18, 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 16, 1933

I last saw him alive on May 16th, 1933. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Gunshot through & through left chest

Date of onset

Other contributory causes of importance: 184 184

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide?~~ 5-14-33 Date of injury, 19

Where did injury occur? Willow Springs, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. accident occured at home near Willow Springs

Manner of injury accidental gun shot by

Nature of injury playmate while playing with loaded gun

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nellis Smith, M. D.

(Address) Springfield Mo