

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

Do not use this space.

18648

1. PLACE OF DEATH

101 County Shannon
Township Monter
City (No. _____)

Registration District No. 825
Primary Registration District No. 6085

File No. 3
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Grant Belew
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>7</u>	<u>25</u>	<u>26</u>

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

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) Crawford Co. Mo.

13. NAME William L. Belew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

15. MAIDEN NAME Emily J. Traver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT S. H. Humphrey
(ADDRESS) Monter Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elgin's Rest DATE May 24, 1933

19. UNDERTAKER None
(ADDRESS) _____

20. FILED 6-10-33 O. Butcher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to 5-23, 1933

I last saw him alive on 5-20, 1933. Death is said to have occurred on the date stated above, at 10 A.M.

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

Pernicious Anemia Date of onset _____
91A
Haz. 7A

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Typical 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, 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) C. P. Trimmell, M. D.
(Address) Monter Mo.

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 24 1933

