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 24 1933

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

Do not use this space.

22119

1. PLACE OF DEATH
108 County Vernon — Registration District No. 875
2 Township Center — Primary Registration District No. 3039
City Nevada (No. ..... St. ..... Ward)

File No. .....
Registered No. 135

2. FULL NAME Ernest K. Belsher
(a) Residence, No. 229 East Hickor St., 2nd 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~~ Bess Belsher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul. 22 1893

7. AGE: YEARS 39 — MONTHS 10 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 yrs
10. Date deceased last worked at this occupation (month and year) 6-9-33
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME James A. Belsher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Minnie Olliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Bess Belsher Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton B. Park DATE June 16 1933

19. UNDERTAKER (ADDRESS) Allen V. Hays Nevada Mo.

20. FILED 6-19 1933 E. R. King Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1933, to June 9th, 1933
I last saw him alive on June 9th, 1933. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Meningitis-Induced by Blood clot or tumor brain

Date of onset —

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? ..... 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) E. H. Liston, M. D.
(Address) 209½ W. Cherry Nevada, Mo.