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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH
45 County Howard Registration District No. 377 File No. 536275
Township Boonslick Primary Registration District No. 4241 Registered No. 4
City (No. St. Ward)

2. FULL NAME Elvin Belstle

(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 6 yrs. 5 mos. 1 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1927
7. AGE YEARS 6 MONTHS 5 DAYS 1 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) Saline County Missouri

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

MOTHER
15. MAIDEN NAME Elizabeth Heitman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Edward Belstle
(ADDRESS) Saline County, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE West Glasgow DATE Aug 22 1933
19. UNDERTAKER Tom Hillen
(ADDRESS) Glasgow, Mo.
20. FILED Aug 31 19 Dr. Kos Finnn Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933, to Aug 21, 1933
I last saw h alive on Dead when I arrived 19 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
accident fracture of cervical Spine,
1943
Other contributory causes of importance: 194 B 107

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acc Date of injury 8-21, 1933
Where did injury occur? At Home - Howard Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Yard of Home
Manner of injury Ran into wire fence
Nature of injury Fractures Cerv. Spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Ziegler, M. D.
(Address) Brunswick Mo