

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

Do not use this space.

30323

1. PLACE OF DEATH

69 County St. Louis Registration District No. 5-83
Township Jefferson Primary Registration District No. 5781
City (No.) St. Ward)

File No.
Registered No. 7 St. Ward)

2. FULL NAME

John Francis Beltz
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kelley Caroline Howard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16 1862</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>7</u>
		DAYS
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retail Farmer</u>		11. Total time (years) spent in this occupation <u>40 yrs</u>
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) <u>1.0.1935</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>John F. Beltz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvanian</u>		
15. MAIDEN NAME <u>(?) King</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT (ADDRESS) <u>J. D. Beltz, Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Grove</u> DATE <u>Sept 17 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Carl H. Buckley, Canton, Mo.</u>		
20. FILED <u>9/26</u> 19 <u>35</u> <u>H. T. Bell</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15th 1935
22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1935 to April 15th 1935
I first saw h. in alive on April 15 1935 Death is said to have occurred on the date stated above, at 3:30 pm.
The principal cause of death and related causes of importance were as follows:

93C
Chronic infarction of the heart
Date of onset

Name of operation
What test confirmed diagnosis? Chrom 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?
If so, specify
(Signed) J. H. ... M. D.
(Address) 1601 Broadway, Hannibal, Mo.

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.

OCI 20 1335

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