

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

Do not use this space.

2506

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **81** St. Ward)

2. FULL NAME

(a) Residence, No. **1003** Ward.

(Usual place of abode)
Length of residence in city or town where death occurred **73** yrs. **6** mos. **21** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* **4. COLOR OR RACE** *W.* **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) *June 11 - 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Metal Worker*
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) *St. Louis Mo.*

13. NAME *Robert Bellcher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Y.*

15. MAIDEN NAME *Rose Cobble*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Y.*

17. INFORMANT (ADDRESS) *Wap Day 14 Kent City Wap*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Calvary 1-3 34*

19. UNDERTAKER (ADDRESS) *Cullinan Bros 110 N. Grand St*

20. FILED *N - 2 1934* *J. Bredeck Registrar.*

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 11 1934*

22. I HEREBY CERTIFY That I attended deceased from *12/20 1932* to *1/11 1934*. I last saw him alive on *1/11 1934*. Death is said to have occurred on the date stated above, at *4:40* m.

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

Bronchopneumonia
93A
107A
129E
31

Other contributory causes of importance:
Tubercle of Pylorus
Ulcers of Rectum

Name of operation..... 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?..... 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) *D. B. Elood* (M. D.)
(Address) *City Wap*

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.

FEB 27 1934

