

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.

APR 25 1934

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

Do not use this space.

Dr. Bohling
File No. 9861

1. PLACE OF DEATH

County Pettis Registration District No. 112
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 530 E 4th) St. Ward

2. FULL NAME

John Lewis Bellmer
(a) Residence, No. 530 E 4 St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie A. Bellmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Clothing Store
10. Date deceased last worked at this occupation (month and year) March 3, 1934 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) Lake Creek Pettis
(STATE OR COUNTRY) County Mo

13. NAME John F. Bellmer

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Lesche Knoop

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs. Katie G. Bellmer
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-12-1934

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia Mo

20. FILED 3-12-1934 Gene Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3rd 1934 to Mar 8th 1934
I last saw him alive on Mar 7 1934 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:

Acute Nephritis Date of onset May 1st 1934
130
104
5
D
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? urinalysis 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) Cond. Bohling M. D.

(Address) Sedalia Mo

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Pettis

WASHINGTON

668

9961

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Lewis Bellmer
Who died at _____ on Mar 8 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: m

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute nephritis
(general poor health and cold) 130

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Jean Slack Date filed 3-12-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668 Very truly yours,

E. T. McLaugh

Primary Reg. Dist. No. 3032

State Registrar
Special Agent.

CONFIDENTIAL

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