

FEB 20 1936

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

Do not use this space.

2247

1. PLACE OF DEATH

County Montgomery

Registration District No. 5-91

Township Prairie

Primary Registration District No. 5789

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME Fred Kelly Belden

(a) Residence, No.
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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>Mollie Belden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15th. 1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>19</u>
If LESS than 1 day, ...hrs. or min.		

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

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

13. NAME Thomas W. Belden

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

15. MAIDEN NAME Mary Kelly

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

17. INFORMANT Mrs. Mollie Belden
(ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Middletown, Mo. DATE 1/4/36

19. UNDERTAKER Jones & Wells
(ADDRESS) Middletown, Missouri

20. FILED Jan 4 1936 Leah Rigg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1935, to Jan 3rd, 1936.
I last saw him alive on Jan 2nd, 1936. Death is said to have occurred on the date stated above, at m.

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

Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation 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) , M. D.

(Address) Middletown, Mo.

