

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

Do not use this space.

JUL 24 1936

23046

2978

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Law Primary Registration District No. 1002
 City J. C. Mo. (No. 3801) Wabash St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Dr. Joshua Coupland Belcher
 (a) Residence, No. 3801 Wabash 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1936

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (write name) not known

22. I HEREBY CERTIFY, that I attended deceased from Nov 1 1935, to June 24 1936
 I last saw him alive on June 24 1936 Death is said to have occurred on the date stated above, at 7 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 4 29

The principal cause of death and related causes of importance were as follows:
Acute Pulmonary Edema Date of onset subtle

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. M. D.
 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 _____

Other contributory causes of importance:
Chronic myocardial degeneration & hypertension 5 yrs

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

Name of operation no Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

FATHER
 13. NAME not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

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)

MOTHER
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Jarrett Shortridge, Pleasant Hill Mo

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Henry L. Jones, M. D.
 (Address) Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE June 26 1936

19. UNDERTAKER (ADDRESS) New English Home, Pleasant Hill Mo

20. FILED 6/24 1936 M.M. Grown Registrar.

