

Worthy  
JAN 27 1937

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

Do not use this space.  
935-03-6

1. PLACE OF DEATH  
County Jay Registration District No. 906  
Township Van Buren Primary Registration District No. 6219  
City Hartsville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Albert Wyman Belt  
(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 50 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Cynthia Belt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1936  
22. HEREBY CERTIFY, That I attended deceased from July 20 1936, to Aug 31 1936  
Last saw him alive on Aug 29 1936 Death is said to have occurred on the date stated above, at 11:25 P.M.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) 1936  
11. Total time (years) spent in this occupation

Hypostatic Pneumonia  
Carcinoma of Liver Date of onset Aug 29  
Other contributory causes of importance:  
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
13. NAME A. Belt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Jane Reasoner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 \_\_\_\_\_

17. INFORMANT Nette Kelsey (ADDRESS) Hartsville  
18. BURIAL, CREMATION, OR REMOVAL PLACE Corn Creek DATE Sept 2 1936  
19. UNDERTAKER Baldwin Brothers (ADDRESS) Hartsville  
20. FILED 16 36 Carlson Ellis Registrar

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) J. C. Worthy, D.O.  
(Address) Hartsville, Mo.

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.

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