

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 20 1936

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

Do not use this space.

36767

1. PLACE OF DEATH

County..... Buchanan ..... Registration District No. 85 ✓  
Township.....  
City..... St. Joseph ..... (No. 1019 South 20th. Primary Registration District No. 1001)

File No.....  
Registered No. 1295  
St. .... Ward)

2. FULL NAME..... Cora Anna Belcher

(a) Residence, No. 1019 South 20th. St., ..... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 57 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Belcher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1879.</u>		
7. AGE <u>57</u>	YEARS <u>5</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>		
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) <u>October 1, 1936.</u>		11. Total time (years) spent in this occupation <u>Unk.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Missouri.</u>		

FATHER	13. NAME <u>Daniel Wilson.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown. Unknown.</u>
MOTHER	15. MAIDEN NAME <u>Unknown.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown. Unknown.</u>

17. INFORMANT Charles Belcher.  
(ADDRESS) 1019 South 20th St.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery  
PLACE St. Joseph, Mo. DATE Oct 15, 1936

19. UNDERTAKER H. O. Sidenfaden.  
(ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 10-14-36 A. J. Nestlehaus  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936, to Oct 13, 1936  
I last saw h. or alive on Oct 12, 1936. Death is said to have occurred on the date stated above, at 7:00A.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis, fibrillation and de dilatation of heart Date of onset 10-7-36

Other contributory causes of importance:  
Re nephritis 7-1-36

Name of operation none Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

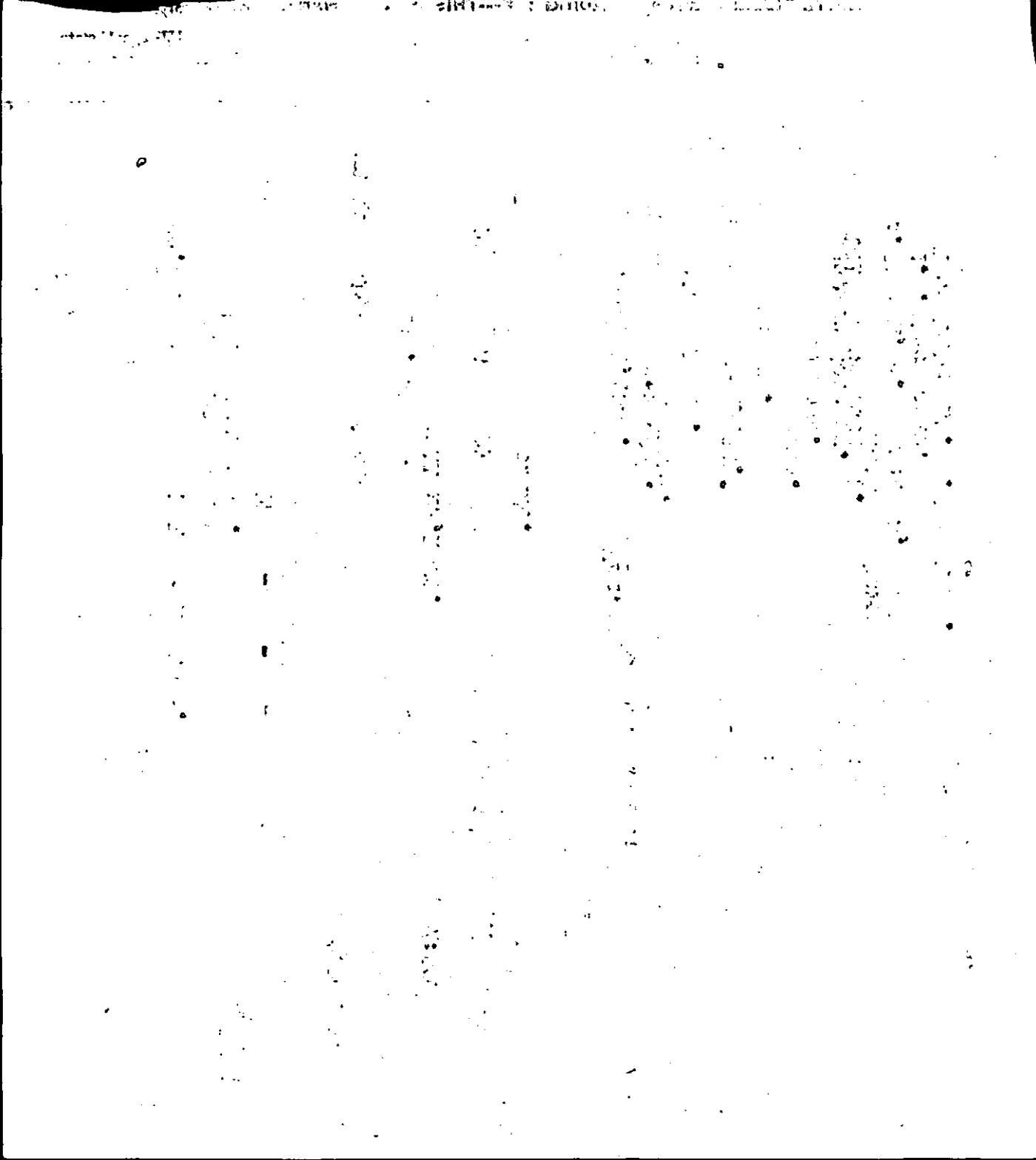
23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) H. W. Kearby, M. D.  
(Address) St. Joseph 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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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. ....

Township .....

Primary Registration District No. 1001

Registered No. 1295

City St. Joseph (No. ....)

St. .... Ward)

**2. FULL NAME**

Cora Ann Belcher

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>W</u>	<u>N</u>	

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED SEP 5 1926 H. H. Westbrook Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1926

22. I HEREBY CERTIFY, That I attended deceased from

19...., to....., 19....

I last saw him alive on....., 19.... 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:

Date of onset

Other contributory causes of importance:

acute nephritis  
unknown

Name of operation..... Date of.....

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

23. If death was due to external cause (violent), 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) H. H. Westbrook, M. D.

(Address) St. Joseph, Mo.

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.

SUPPLEMENTARY

S. 36.16.11