

JUL 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Wilson
City Thompson (No.)

Registration District No. 951
Primary Registration District No. 5037B

File No. 48568
Registered No. 6
St. Ward)

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-4-1936</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</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>0</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) ... 11. Total time (years) spent in this occupation

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

13. NAME H. B. Belcher
14. BIRTHPLACE (CITY OR TOWN) Champion (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Blase
16. BIRTHPLACE (CITY OR TOWN) Livingston (STATE OR COUNTRY) Mo.

17. INFORMANT H. B. Belcher (ADDRESS) Thompson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson Mo. DATE 7-11 1936

19. UNDERTAKER Disposed of by family (ADDRESS)

20. FILED July 14 1936 J. M. Motley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936 to July 4, 1936

I last saw him alive on July 4, 1936. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Stillborn Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1936

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? Yes

If so, specify

(Signed) A. H. Harrison

(Address) Centerville, Mo.

