

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2332

1. PLACE OF DEATH

70 County Montgomery
 7 Township
 6 City Wellsville (No. 1)

Registration District No. 595
 Primary Registration District No. 4353

File No. 2
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME Andrew Belts

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

Length of residence in city or town where death occurred 3 yrs. 1 mos. 10 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Belts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1855
 7. AGE YEARS 81 MONTHS 6 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
 10. Date deceased last worked at this occupation (month and year) Nov 1933 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN) Kingston (STATE OR COUNTRY) Adams Co Ill

13. NAME Jacob Belts

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

15. MAIDEN NAME Eunice Umstead

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

17. INFORMANT Lena Lewton Wellsville Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE Jan - 12 1937

19. UNDERTAKER F. W. Theobald (ADDRESS) Wellsville Mo

20. FILED Jan 12 1937 Mustafa McDermott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 1934 to Jan 10 1937
 I last saw him alive on Jan 9 1937 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis and infarction degeneration Date of onset ?

Other contributory causes of importance:

Senility

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? no 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) J. P. [Signature] M. D.
 (Address) Wellsville

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.

