MAY 19 1937

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

Do not use this space.

16201

1. PLACE OF DEATH
County Wayne
Township Jamaica Twp
City Jamesport Mo
Registration District No. 252
Primary Registration District No. 5351
File No. 1
Registered No. 23
(No. ..... St. ..... Ward)

2. FULL NAME Charles W. 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 M
4. COLOR OR RACE W
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) Aug 17, 1857

7. AGE YEARS 80 MONTHS 8 DAYS 28 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Peter Linderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Colorado Mo DATE April 14 1937

19. UNDERTAKER (ADDRESS) T. L. Roberson Jamesport Mo

20. FILED 4-17- 1937 Nella Wiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1- 1937, to April 13 1937
I last saw him alive on April 13 1937. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) F. B. Bailey D.O. M.D.
(Address) Jamesport Mo

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