

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

114 County Wright
Township Holt
City _____ (No. _____)

Registration District No. 2060217
Primary Registration District No. 4347

File No. 17915
Registered No. 11
St. _____ Ward _____

2. FULL NAME Samuel Darcy Belt

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Belt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3, 1860</u>		
7. AGE YEARS <u>77</u>	MONTHS	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>		11. Total time (years) spent in this occupation <u>30 yrs</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>Jan 19 37</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Ohio</u>		
13. NAME <u>Jacob Belt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Jane Rhoads</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Betty Belt Hartsville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robison Springs</u> DATE <u>Feb 16 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Gene E. Haldren Hartsville Mo.</u>		
20. FILED <u>April 17, 1937</u> <u>Carlyn Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937 to Feb 15, 1937
I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis Date of onset July 1934

Other contributory causes of importance:
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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) J. R. Watt, M. D.
(Address) Hartsville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

