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

Do not use this space.

JUL 26 1937

Registration District No. 26 — File No. 23061

Primary Registration District No. 3002 — Registered No. 77

1. PLACE OF DEATH

County Audrain

Township

City Mexico Mo (No. St. Ward)

2. FULL NAME Charles Eugene Bellamy

(a) Residence, No. 915 S Clark 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: 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~~ Wm. Vera Bellamy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1883

7. AGE: YEARS 53 — MONTHS 9 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watch maker

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) April 1937

11. Total time (years) spent in this occupation 30 yrs

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

FATHER

13. NAME Leo T. Bellamy

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

MOTHER

15. MAIDEN NAME Essa Stead

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

17. INFORMANT (ADDRESS) Wm. Vera Bellamy Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling DATE June 17 1937

19. UNDERTAKER (ADDRESS) W. C. Hutchison Bro. Mexico Mo.

20. FILED June 17 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937 to June 15 1937

I last saw him alive on June 15 1937. Death is said to have occurred on the date stated above, at 7:15 P m.

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

	Date of onset
Carcinoma of stomach	
Primary seat in stomach	

Other contributory causes of importance: None

Name of operation exploatory Date of 5-31-37

What test confirmed diagnosis? op 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) Paul E. Coil, M. D.

(Address) Mexico, 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.