

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Courtland
City (No. St. Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 23273
Registered No. 144

2. FULL NAME Delmar Loren Bellins

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937, to May 23 1937

I last saw him alive on May 22 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1935

to have occurred on the date stated above, at 5:25 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 8 4

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

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

Pneumonia, lobar - entire left lung - Date of onset 5-21-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: Empyema - right pleural 4-15-37

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

ceded following pneumonia in right lung. (right)

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

Name of operation rib resection Date of 5-18-37

13. NAME Sylvester Bellins

What test confirmed diagnosis? X-ray Was there an autopsy? no.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME Gene Crow

Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Sylvester Bellins

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garrett Cem. DATE 5/24 1937

Manner of injury

19. UNDERTAKER Minnie's Truck

Nature of injury

20. FILED 5/27 1937 Ed Steinger Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur Harwell M. D.

(Address) Payson Bluff, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

