

AUG 27 1937

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

Do not use this space.

28062

224

1. PLACE OF DEATH

County PettisRegistration District No. 665Township SedaliaPrimary Registration District No. 3032City Sedalia

(No. _____)

St. _____

Ward _____)

File No. 222Registered No. 668

2. FULL NAME

Forest Earl Bellamy(a) Residence, No. 400 East 2 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Bellamy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 19137. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 10 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Smithville Mo.13. NAME Arthur Bellamy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo.15. MAIDEN NAME Ola Case16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merces Mo.17. INFORMANT (ADDRESS) Arthur Bellamy Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 30 193719. UNDERTAKER (ADDRESS) Ewing Funeral Home Sedalia, Mo.20. FILED 7-29-1937 J. E. Strick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-193722. I HEREBY CERTIFY, That I attended deceased from 7-21-1937 to 7-28-1937I last saw him alive on 7-27-1937 Death is saidto have occurred on the date stated above, at 2:50 p. m.

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

Miliary tuberculosis and Tuberculosis meningitis. (Date of onset)Other contributory causes of importance: 20Influenza some months earlier.

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? _____ 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) A. J. Campbell, M. D.(Address) 17 Sedalia, 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.

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