

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

 County *Morgan*
 Township *Mill Creek*
 City (No. _____) _____ St. _____ Ward _____

 Registration District No. *953*
 Primary Registration District No. *5197-B*
File No. *931298*

Registered No. _____

2. FULL NAME

(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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Virginia Morris*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 10 - 1871*
 7. AGE YEARS *66* MONTHS *5* DAYS *29* IF LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
 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) *Calloway Co. Mo.*13. NAME *John W. Bellamy*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Calloway Co. Mo.*15. MAIDEN NAME *Lucy Ball*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Co. Mo.*17. INFORMANT (ADDRESS) *Jess Bellamy / Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Resented Home* DATE *Aug 10 1937*19. UNDERTAKER (ADDRESS) *W. G. Kidwell*20. FILED *Aug 10 1937* *Julius B. Cooper* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8 1937*22. I HEREBY CERTIFY, That I attended deceased from *Oct 7 1936* to *Aug 8 1937*I last saw him alive on *Aug 7 - 1937* Death is said to have occurred on the date stated above, at *11:15 P.* m.

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

Exudative Nephritis Date of onset *10-1-36**Glomerular*Other contributory causes of importance: *131*Name of operation _____ Date of operation _____
What test confirmed diagnosis? *Urinalysis* Was there an autopsy? *No*23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? *No* 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 *F*
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? *NO*
If so, specify _____(Signed) *A. J. Gunn*, M. D.
(Address) *Verailles 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.

132 a

132 a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31298

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 953
 (b) Township Mill Creek Primary Registration District No. 3-797 B Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thomas Bellamy

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 10 1937 Julius T. Cooper Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.

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

Exhaustion - Nephritis Date of onset

Chronic

Other contributory causes of importance: 131

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?

If so, specify

(Signed) A. J. ... M. D.

(Address) Versailles Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-31298