

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.

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette  
Township Dover  
City Corder (No. 1)

Registration District No. 460  
Primary Registration District No. 427A

File No. 34605  
Registered No. \_\_\_\_\_

2. FULL NAME

Luther Andrew Belt

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd 1857

7. AGE YEARS 80 MONTHS 3 DAYS 23 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner  
10. Date deceased last worked at this occupation (month and year) 23 Sept 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Mo.

MOTHER 13. NAME Andrew Belt

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

15. MAIDEN NAME Buford

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

17. INFORMANT Mrs. Jess Corder (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Corder PLACE \_\_\_\_\_ DATE 9/27/37

19. UNDERTAKER A. H. Hader (ADDRESS) Higginsville, Missouri

20. FILED Sept 29 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937, to Sept 26 1937.

I last saw him alive on Sept 26 1937. 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:

Shock  
Broncho pneumonia  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

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? accident Date of injury Sept 23, 1937  
Where did injury occur? Corder, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. industry  
Manner of injury rock fell on him while at work  
Nature of injury Contusions

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify. working in coal mine  
(Signed) A. P. Johnston, M. D.  
(Address) Corder, Mo.

