

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

Do not use this space.

121

1. PLACE OF DEATH

County De Kalb
Township Washington
City Clarksville (No.)

Registration District No. 258
Primary Registration District No. 7157

File No. 2590
Registered No. 1
St. Ward

2. FULL NAME

Alfred Leroy Belcher 426
(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Ellie Ada Belcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-34

7. AGE YEARS 83 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work (teacher, spinner, sawyer, bookkeeper, etc.)

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

10. Date deceased last worked at this occupation (month and year) FEB 23 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Mich.

13. NAME John Belcher

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

15. MAIDEN NAME Uris Parks

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

17. INFORMANT (ADDRESS) Jessie Belcher
Clarksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plant Home DATE 19

19. UNDERTAKER (ADDRESS) John G. Brown
Clarksville Mo.

20. FILED Jan 31, 1938 mo @ M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-1 1937, to Jan-29 1938
I last saw him alive on Jan-29 1938. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Paralysis - Right

Date of onset 12-15-38

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Clinical 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) D. L. Perkins M. D.
233 (Address) Clarksville Mo.

RECEIVED

BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH

MOTHER

FATHER

825

30
1185

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-90
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 25-8
(b) Township Clarksdale Primary Registration District No. 4-15-7 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

Alfred Leroy Belcher
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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.
83 9 25

OCCUPATION
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE 1/30 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1/31 1938 Mrs E M Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 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:

Septicemia - Right Date of onset

Other contributory causes of importance:

Sequelae to apoplexy

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) P. L. Perkins, M. D.

(Address) Clarksdale mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE IF IT IS COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-2590 1938