

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.

REC'D DEC 2 1 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

38489

Do not use this space.

## 1. PLACE OF DEATH

(a) County Andrew (b) Township East-River (c) City Mexico mo (d) Street No. 915 S. Clark (e) Length of residence in city or town where death occurred 450 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 146

## 2. PRINT FULL NAME

(a) Residence, No. 915 S. Clark (b) St. [ ] (c) (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) widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1881

7. AGE YEARS 57 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

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

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) Cape Girardeau Ky

13. NAME James E. Bellamy

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mr. C. E. Bellamy  
915 S. Clark - Mexico mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico mo. DATE Nov 17 - 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Pheterson B. B.  
Mexico mo.

20. FILED Nov 17, 1938 Blanche Keely Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1938 to Nov 12, 1938

I last saw him alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 1:10 P. m.

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

cardiac hemorrhage on the side.

In every case

Other contributory causes of importance: age.

Name of operation none Date of none

What test confirmed diagnosis Physian, Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none, 19 none

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 none

Nature of injury none

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

If so, specify

(Signed) Paul E. Carl, M. D.

(Address) Mexico mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-631

Date Filed 12-12-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

McPheters Bros

or by

me

Registered Apprentice No. ...., working under my personal supervision.

Signed

McPheters Bros - By Roy McPheters

Licensed Embalmer No. 1123

P. O. Address

Mexico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.