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.

17
6
0

LSC JAN 1 0 1939

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

42651
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll — Registration District No. 138
(b) Township Egypt — Primary Registration District No. 4078 — Registered No.
(c) City Norbyne Mo — (d) Street No. ..... St.
(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 Edward O Belt
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (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~~: Emily E. Belt.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18-1851
7. AGE: YEARS 87 — MONTHS 10 — DAYS 22. — If LESS than 1 day, ... hrs. or ..... min.

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. Merchant
10. Date deceased last worked at this occupation (month and year) Dec 7-1938
11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott County Kent

FATHER
13. NAME: Joseph J. Belt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Susan Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): J O E Belt Norbyne Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Norbyne Mo DATE Dec 12 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John G Deitch Norbyne Mo
20. FILED 12-11 1938 B C Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1938, to 12-10, 1938
I last saw him alive on 12-10-, 1938. 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:

	Date of onset
Lobar Pneumonia	12-9-38

10 8

Other contributory causes of importance:

Myocarditis	unknown
Influenza	12-10-38

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Sep Ill 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) B C Cole, M. D.
(Address) Norbyne Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/12/39

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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