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

Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

47 County Iron | Registration District No. 391 | File No. 2531

Township Arcadia | Primary Registration District No. 4230 | Registered No. 4

2 City Ironton (No. St. Marys Hospital St. Ward)

0 426

2. FULL NAME John Belcher

(a) Residence, No. Graniteville Mo. 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1871

7. AGE YEARS 68 MONTHS 0 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. paving cutter

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

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) Belleview Mo. 0 1

FATHER

13. NAME James Belcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

MOTHER

15. MAIDEN NAME Evelyn Cauley

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

17. INFORMANT (ADDRESS) G. M. Thompson Graniteville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graniteville Mo DATE Jan. 19 1939

19. UNDERTAKER (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED Jan 25 1939 R. A. Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

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 2.00 P.M.

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

rupture of the left lung with pneuphorax

Date of onset

2 10 m 1

Other contributory causes of importance:

fracture of the 9th, 10th, and 11th. ribs left

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1, 14, 1939

Where did injury occur? Graniteville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury struck by automobile

Nature of injury rupture of lungs fracture of ribs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J H Martin Coroner, M. D.

(Address) Ironton, Mo.

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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.