

REC'D FEB 23 1939

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

2630
Do not use this space.

1. PLACE OF DEATH
(a) County Gasper Registration District No. 407
(b) Township Carroll Primary Registration District No. 4241
(c) City Carrollville (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 42's James Alvin Belcher
(a) Residence, No. 301 E. Wilson St. (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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Huntsville, Mo.
13. NAME Wm Belcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Mary Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Raymond Smith (Daughter) Carrollville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollville Cem DATE 1/13/39
19. FUNERAL DIRECTOR (ADDRESS) Hedge-Nelson
20. FILED Jan 13 1939 J. W. Cochran Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939
22. I HEREBY CERTIFY That I attended deceased from Jan 10 1939 to Jan 12 1939
I last saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 1:19 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____
High B. Pressure
Other contributory causes of importance: _____
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) Mrs. L. A. Smith
369 (Address) W. H. Cochran

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-423

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, E. W. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. W. Hedge

..... L. E.

No. or by Registered Apprentice No. 2859
working under my personal supervision.

Signed E. W. Hedge
Licensed Embalmer No. 2859

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.)