REC'D SEP 21 1939

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

3

29552
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence — Registration District No. 470
(b) Township Mt Vernon — Primary Registration District No. 5633 — Registered No. 106
(c) or City Mt. Vernon — (d) Street No. Missouri State Sanatorium 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 1 yrs. 2 mos. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond Belt
(a) Residence, No. Williamsville, Route 1 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1912
7. AGE: YEARS 26 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Spring 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Missouri 0

FATHER
13. NAME Andrew Jackson Belt 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska City Nebraska 0

MOTHER
15. MAIDEN NAME Martha Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Missouri

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mo. S.S. Cemetery DATE Aug 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossett Funeral Home Mt. Vernon, Mo

20. FILED Aug 10, 1939 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to Aug 10, 1939
I last saw him alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 4:50a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset 1932

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Other contributory causes of importance:

Tuberculous Meningitis

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? ..... 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) Maurice L. Jones, M. D.
(Address) Mt. Vernon, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 6,
District File Number 939-1775
Date Filed SEP 6 1939

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 Ruth Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon

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

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