

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

Do not use this space.

34956

1. PLACE OF DEATH

County Bellingham
Township _____
City Chellicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 1021
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Belcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-25-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 - 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, 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) Sullivan Mo.

FATHER MOTHER

13. NAME John W Belcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Jane Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

17. INFORMANT Mrs Dora Belcher
(ADDRESS) Chellicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Has not been buried DATE Oct 19 - 1931

19. UNDERTAKER Jas D Gordon
(ADDRESS) Chellicothe Mo

20. FILED Oct 19 1931 R. Barney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-17-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1931, to Oct 17th, 1931.

I last saw him alive on Oct 17th, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Cerebral Hemorrhage. Date of onset _____

82A J2A

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? L

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 P. H. Emmerson (Signed) _____, M. D.
(Address) Chellicothe Mo.

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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