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

Do not use this space.

38

File No.

Registered No. 2

1. PLACE OF DEATH
County Andrew
Township Platt
City Rea Mo (No. Rea Missouri St. Ward)
Registration District No. 15
Primary Registration District No. 5619

2. FULL NAME Cynthia Ann Belcher
(a) Residence, No. 2328 South 19th St., Ward. St Joseph Mo (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Belcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27. 1855
7. AGE: YEARS 78; MONTHS 2; DAYS 1; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Buchanan County Missouri

FATHER
13. NAME: Lewis Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER
15. MAIDEN NAME: Nancy Ann Hursh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): Mrs L. Earnst 2328 So 14 St St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesville Mo DATE Jan 30 1934

19. UNDERTAKER (ADDRESS): W C Lichtenberg 1802 Union St St Joseph Mo

20. FILED Feb 7 1934 E C Jeffcoat, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934, to Jan 29 1934
I last saw h[illegible] alive on Jan 22 1934 Death is said to have occurred on the date stated above, at 10:45 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Surgeon 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: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) J P Nelson, M. D.
(Address) Rosendale Mo

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.

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

8 27 1934