

10529

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

Do not use this space.

26361

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 21  
St. .... Ward)

2. FULL NAME Thomas Benton Belcher

(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 Mrs. Effie Settles Belcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
82 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired miner  
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) Rockville (STATE OR COUNTRY) Missouri

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Harry Belcher (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE July 24, 1938

19. UNDERTAKER Huston Turner (ADDRESS) Windsor, Missouri

20. FILED July 24, 1938 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, That I attended, deceased from July 22, 1936 to July 22, 1936. I last saw him live on July 20, 1936. Death is said to have occurred on the date stated above, at 5:00 P. M.

The principal cause of death and related causes of importance were as follows:  
Labor pneumonia (Date of onset July 15)

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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) [Signature] M. D. (Address) [Address]

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.

