

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 14
Township _____ Primary Registration District No. 4201
City Windsor (No. _____, _____ St. _____ Ward)

34255

File No. _____

Registered No. 272. FULL NAME Clay A. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Hill Belcher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1888</u>		
7. AGE	YEARS	MONTHS
	<u>48</u>	<u>8</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>
	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) Henry County
(STATE OR COUNTRY) Missouri13. NAME Thomas Belcher14. BIRTHPLACE (CITY OR TOWN) Rockville, Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Effie Settle16. BIRTHPLACE (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Missouri17. INFORMANT Rolla Belcher
(ADDRESS) Windsor, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Sept. 27, 193619. UNDERTAKER Huston Turner
(ADDRESS) Windsor, Mo.20. FILED Sept 27, 1936 J. J. Jennings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936 to Sept 26, 1936
I last saw him alive on Sept 25, 1936 Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Cerebral Hemorrhage Date of onset Sept 22
Thrombosis in left brain

Other contributory causes of importance: gaName of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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 _____(Signed) J. J. Jennings M. D.
(Address) Windsor, Mo.

WHITE 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.

