

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

Do not use this space.

38365

DEC 29 1930

**1. PLACE OF DEATH**

County Washington  
Township Harrison  
City (No. ....) .....

Registration District No. 968  
Primary Registration District No. 6184

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

**2. FULL NAME**

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>77</u>	<u>7</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Bellfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Fred Bellfield  
(Address) Belgrade, Ky.

15. FILED James E. Roberts REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at 6:45 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart failure  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2050  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

8 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) J. E. Roberts M. D.  
. 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marler Chapel DATE OF BURIAL 12-2 1930

20. UNDERTAKER Sparks & Sparks ADDRESS 78 toni

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.

ON BOARD THIS IS A PERMANENT RECORD

