

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

Do not use this space.

1267

1. PLACE OF DEATH

County Henry
Township Leesville
City Leesville (No.)

Registration District No. 347
Primary Registration District No. 5-5-01A

File No.
Registered No. 13
St. Ward)

2. FULL NAME Richard Belton

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Anna Belle Belton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-21 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Stock Lee Illinois

10. NAME OF FATHER Henry Belton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Charity Hennis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) one of the Carolinas

14. INFORMANT Jno Belton
(Address) Clinton Mo

15. FILED Jan 10 19 29 Dr. E. C. Seeler
REGISTRAR
per J.F.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec 1 1928 to Jan 10 19 29
(that I last saw him alive on Jan 10 19 29 and that death occurred, on the date stated above, at 9:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtherial Ill
11 1/2

CONTRIBUTORY (SECONDARY)

asthma
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH: 0 1/10
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. A. Payne, M.D.
1/10 19 29 (Address) Clinton Mo

*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

DATE OF BURIAL

Lebo Cemetery 1/11 19 29

20. UNDERTAKER

ADDRESS

Spoore & Son Clinton Mo

WRITE IN PENCIL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

18 #2 1929 42
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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31
2
Seeger

