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

Do not use this space.

17824

File No. 1 386

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Springfield — Primary Registration District No. 2001

City Springfield Mo. (No. 1110 E Brower St. Ward)

2. FULL NAME Charles M. Belveal

(a) Residence. No. 1110 E Brower St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

MAY 25 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 3-1864

7. AGE: Years 64 Months 6 Days 8 If LESS than 1 day, ... hrs. or ..... min.

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)
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: Landen Belveal.

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

12. MAIDEN NAME OF MOTHER: Effie Lemmons

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

14. INFORMANT: Marion Belveal.
(Address) 1110 E McDaniel

15. FILED 5-12, 1929 Lon Stark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1929, to May 11, 1929 that I last saw h. alive on May 11, 1929, and that death occurred, on the date stated above, at May 11-29 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma
H. & K.
(duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 25-1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) Arthur D. Krabb, M. D
5-12, 1929 (Address) 450½ E. Commercial

*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: Linkern Kansas — DATE OF BURIAL: May 15 1929

20. UNDERTAKER: W. L. Stone — ADDRESS: Walnut Market