

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

Do not use this space.

**32926**

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township New

Primary Registration District No. 1072

City Kansas City (No. 44237 Lara)

File No. 4154  
Registered No. 4154  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edmund A. Belisle, Jr

(a) Residence No. 44237 Lara St. 15 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Male White Married

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

Mrs. Adeline Belisle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

78 0 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Business  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Vermont

10. NAME OF FATHER O. Belisle

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

12. MAIDEN NAME OF MOTHER E. Felix

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

14. INFORMANT Mrs. Adeline Belisle  
(Address) 44237 Lara Ave

15. FILED 10/13/30 M. M. Kerome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from December 1929, to Oct. 12, 1930, that I last saw him alive on Oct. 12, 19\_\_\_\_, and that death occurred, on the date stated above, at 8:30 P. m.

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

Lobar Pneumonia  
108  
97 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
10/13, 1930 (Signed) J. R. Ball, M. D.

\*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 St. Mariah DATE OF BURIAL 10/15 1930

20. UNDERTAKER W. N. Newcomer's Sons ADDRESS 2116 E. 7th St.

WRITE 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.

Mr. James A. Neal  
626 Fathoms Bay  
1-4-30