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.

OCT 28 1935

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

Do not use this space.

30581

File No.
Registered No. 159

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Glendale (No. 847 Big Bend Road St. Ward)
Registration District No. 785
Primary Registration District No. 6248

2. FULL NAME Wm Henry Belt
(a) Residence, No. 847 Big Bend Rd 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 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 Harriet S. Belt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1856
7. AGE YEARS 79 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Kansas

FATHER
13. NAME A. Garfield Belt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Sarah A Oldham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Everett R Belt (ADDRESS) 847 Big Bend Road
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Ashland Kans DATE 9-14- 1935
19. UNDERTAKER Louis H Bopp (ADDRESS) Kirkwood Mo
20. FILED 9/14 1935 Agnes C. Kelly Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-13- 1935
22. I HEREBY CERTIFY, That I attended deceased from July 31 1935 to Sept 13- 1935
I last saw him alive on Sept 12 1935. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneracy	7-31-35

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. 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) Arthur W. Westing, M. D.
(Address) Webster Groves Mo