

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.

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

DEC 19 1935

Do not use this space.  
33860-8

1. PLACE OF DEATH

County Marion Registration District No. 548.  
Township Libius Primary Registration District No. 5743.  
City Raylor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 68  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

David Edsworth Belmeyer  
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Full Belmeyer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15<sup>th</sup> 1868  
7. AGE YEARS MONTHS DAYS 67 7 26 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) Chattion, Ill.

MOTHER 13. NAME Solmn Belmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattion, Ill.

15. MAIDEN NAME Elizabeth Hendricks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. M. Belmeyer  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Palmira DATE Oct. 13 1935

19. UNDERTAKER A. B. Chambers  
(ADDRESS) Maplewood, Mo.

20. FILED Oct. 12, 1935 Hertrude Lee  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1935, to Oct 11, 1935.  
I last saw him alive on Oct 10, 1935. Death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:  
Mycocarditis  
Chronic degenerative nephritis  
Date of onset Jan 1934

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. H. Davis, M. D.  
(Address) Osceola, Mo.

