

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

2657
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin 35 Registration District No. 289
 (b) Township Cotton Hill 35 Primary Registration District No. 3707
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3

2. PRINT FULL NAME

A. H. Belt 430
 (a) Residence, No. Malden RI St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 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) Ky

FATHER 13. NAME A. H. Belt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Mary Gibson

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

17. INFORMANT (ADDRESS) Dougley (Mayme M. King)
Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 1-26 1937

19. FUNERAL DIRECTOR (ADDRESS) Landon Funeral Home
Camptell Mo.

20. FILED 1/26/ 1938 S. E. Mitchell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25 1937

22. I HEREBY CERTIFY That I attended deceased from May 5 1936 to Jan 25 1938
 I last saw him alive on Jan 14 1938. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

Organic Heart Trouble
no disease
 Date of onset Apr-1936

Other contributory causes of importance: ASB
None known

Name of operation no Date of no
 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 Home. Reel M. D.
 (Signed) Malden (Address)

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Howe*
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed
..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)