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.

REC'D JUN 23 1938

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

Do not use this space.

19352

File No.

Registered No. 73

1. PLACE OF DEATH
County St Charles
Township St Charles
City St Charles (No. St. Joe. Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME HARRY L. BELFIELD. 41
(a) Residence, No. Cowbrea, Mo 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17th 1917

7. AGE: YEARS 20 | MONTHS 6 | DAYS 2X | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) May 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co, Mo. U

FATHER
13. NAME H. L. Belfield U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Mo U

MOTHER
15. MAIDEN NAME Jennie Cudroy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co, Mo

17. INFORMANT H. L. Belfield
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cowbrea, Mo DATE May 13 1938

19. UNDERTAKER H. L. Gilleland
(ADDRESS)

20. FILED 5/11 1938 Clarence E. Hessler
Registrar.

Coroners MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest., 19....., to 5-11-38, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5.30 A/M.
The principal cause of death and related causes of importance were as follows:

Primary inhalation of smoke and fumes, secondary 2nd degree burns and shock.

Passenger in automobile in collision with bridge.

Date of onset

Other contributory causes of importance: 210 13

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 accident Date of injury 5-10-38
Where did injury occur? near Flint Hill Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U?S.Highway #61. McCoy creek bridge.
Manner of injury collision with bridge abuttment.
Nature of injury driver fell asleep. truck caught fire.

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify truck driver employees.
(Signed) John H Buse, M.D.
(Address) Corner. St. Charles Co. Mo.