

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

Do not use this space.

20215

1. PLACE OF DEATH

County St. Charles

Registration District No. 802

Township St. Ann

Primary Registration District No. 4481

City St. Ann (No.)

St. Ward

2. FULL NAME

(a) Residence, No. William P. Belarkson 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

MEDICAL CERTIFICATE OF DEATH

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 Susan Belarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 17

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. retired
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) Mo

FATHER 13. NAME Samuel Belarkson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Buchanan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. P. Belarkson (ADDRESS) St. Ann, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann DATE 11 May 9 1931

19. UNDERTAKER Roberts & Moore (ADDRESS) St. Ann, Mo

20. FILED 11/9 8 1931 J. B. Bridges Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 May 7 1931

22. I HEREBY CERTIFY, That I attended deceased from April 13 1931, to 11 May 7 1931. I last saw him alive on May 7 1931. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis and myocardial infarction, moderate, and arteriosclerosis, moderate.
Diabetes mellitus.
11A

Other contributory causes of importance: 109A
Diabetes mellitus

Name of operation none Date of
What test confirmed diagnosis? Chm. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. B. Bridges, M. D.
(Address) St. Ann, Mo

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.

JUN 28 1931

