

DEPARTMENT OF COMMERCE Bureau of the Census **IOWA STATE DEPARTMENT OF HEALTH Division of Vital Statistics** **Certificate of Death**

State Office No. **70-4-15**

1. PLACE OF DEATH:
 (a) County Wapello Township Wapello
 (b) City or Town West Liberty Rural
 (If outside city or town write RURAL NEAR and give town)
 (c) Hospital or Institution: Name and Street Address _____
 Length of stay:
 In hospital or institution _____ yrs _____ mos _____ days
 In this community 10 yrs _____ mos _____ days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 For newborn infant give residence of mother
 (a) State Iowa (b) County Wapello
 (c) City or town West Liberty Rural
 (If outside city or town limits write RURAL NEAR and give town)
 (d) Street No. _____ (If rural give LOCATION)
 (e) If foreign born how long in U.S.A. _____ years
 (f) Citizen of foreign country? _____ (yes or no)
 If yes, name of country _____

3. (a) FULL NAME
Louis Albert Bellick

4. Sex Male **5. Color or Race** White **6. (a) Single, married, widowed or divorced** Married

6. (b) Name of husband or wife Maudie Mae Bellick
 6. (c) If alive give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 5 1892
8. Age 52 5 13 hrs. _____ min. _____

9. Birthplace Greenville, Iowa
 (Town, county, and state or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Bellick
13. Birthplace Penn
 (City, town or country) (State or foreign country)

14. Name Russell Jacques
15. Birthplace Penn
 (City, town or country) (State or foreign country)

16. (a) Informant's own signature L. R. Bellick
(b) Address West Liberty, Iowa

17. (a) Burial **(b) Date thereof** June 20 - 1944
 Burial, cremation, or removal (specify) (Month) (Day) (Year)
(c) Place of burial or cremation Calumet Bury
Location Calumet City, Iowa

18. (a) Signature S. C. Sneider
(b) Address West Liberty, Iowa **(c) License No.** 526

19. Signature Mrs. S. C. Sneider **District** 70
Date received June 18 - 1944 **Filed No.** 1112

20. DATE OF DEATH June 18 19 44 at 9:30 A.M.
 (Month, WRITE OUT) (Day) (time)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 19 44
and that I saw June 18 19 44
him June 15 19 44
alive on _____ 19 _____
 Immediate cause of death _____

22. If external causes contributed to the death, fill in the following:
 (a) _____ (b) Date of _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Injured at home, farm, industry, or public place (where?) _____
 (e) Injured at work? (Yes or no) _____
 (f) Means of injury _____
 (g) Nature of injury _____

23. (a) Signature Lester A. Royal M.D.
(b) Address West Liberty Iowa
(c) Date signed June 19 1944

MAJOR FINDINGS
Coronary Occlusion
Arterio Sclerosis

PHYSICIAN
 Please underline the cause to which the death should be ascribed
 Yrs. Mos. Dys.
4
1
0

ACCIDENT, SUICIDE OR HOMICIDE
 (a) _____ (b) _____
 (c) _____
 (d) _____
 (e) _____
 (f) _____
 (g) _____

SOCIAL SECURITY ACCOUNT No. none

(OVER)

Iowa, U.S., Death Records, 1880-1972

Record Index

Name: Susan Jacobs
Gender: Female
Death Place: USA
Spouse: James Billick
Child: Louis Albert Billick

Source Information

Record Url:

https://www.ancestry.com/imageviewer/collections/61442/images/104072969_01075

Source Citation:

State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records, 1888-1904

Source Information

Ancestry.com.

Iowa, U.S., Death Records, 1880-1972

[database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2017.

Original data: Iowa Deaths, 1880-1904. State Historical Society of Iowa, State Archives, Des Moines, Iowa.; Iowa, Deaths, 1920-1951. State Historical Society of Iowa, State Archives, Des Moines, Iowa.