

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
 Department of Commerce
 Bureau of the Census

APR 12 1948

Certificate Of Death

STATE OF IDAHO

State File No. 1101
 Local Reg. No. 12
 Reg. Dist. No. 631

1. PLACE OF DEATH: Madison
 (a) County Madison
 (b) City or town Salem
 (c) Street Address or R. F. D. No. _____
 (d) Death Occurred Inside? Outside? _____ city or town
 (e) Died in a Home Hospital _____ Institution _____ Other place _____
 (f) Name Hosp. or Inst. _____ Stayed _____ days
 (g) Lived in this county 60 years _____ months _____ days

2. Usual Residence of Deceased: (Always fill in these)
 (a) State Idaho (b) County Madison
 (c) City or town Salem
 (d) Street Address or R.F.D. No. _____
 (e) Deceased lived Inside? Outside? _____ city or town
 (f) Citizen of what country? _____
 (g) How long had deceased lived in Idaho? 62 years
 (h) Former residence (city, state) _____

3. (a) FULL NAME Augustus Weber Belnap 162B

3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. _____
 4. Sex Male Color of Cauc race _____
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Reed
 6. (c) Age of husband or wife if alive _____ years
 7. Date of Birth March 25, 1860
 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	<u>87</u>	<u>11</u>	<u>20</u>	hrs min.

9. Exact Occupation Farmer Did this work for _____ yrs.
 10. Industry or Business Farmer Date last worked _____
 11. Birthplace Wahkiakum, Wash
 (City or town) (State or foreign country)
 12. Name Gilbert A. Belnap
 13. Birthplace Fort Hope, Canada
 (City or town) (State or foreign country)
 14. Maiden name Adaline Knight
 15. Birthplace _____
 (City or town) (State or foreign country)
 16. Informant's OWN Signature J. B. Belnap
 and Address Box 2, Boise
 17. (a) Burial (b) Date thereof 3/17/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: Wilder
 18. Funeral Director's OWN Signature Russel Stamm
 and Address Boise
 19. (a) 3-17-48 (b) Wm H. E. Young
 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH March 15, 1948
 (Month, Day, Year) at 7:30 o'clock A.M.
 21. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1948 to March 15, 1948
 I last saw h.i. alive on March 15, 1948, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Where was disease contracted? _____
 Name of operation none Date _____
 Major finding _____
 Finding of autopsy none

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
 Occurred _____ 19 _____ City, county, state where violence occurred _____
 Place of Violence: Home _____ Farm _____ Industry _____
 Public Place _____ While at work? _____
 Means of injury _____

23. Attendant's OWN Signature M. J. Rigby MD
 and Address Reelburg Date Mar 15 1948
 (For additional space, use reverse side)

State of Idaho.)
 County of Ada)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

FAMILY
 RECORD
 ONLY

OCT 22 1990
 Date Issued

Richard W. Blair
 State Registrar of Vital Statistics

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