

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.

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

Do not use this space.

30419

1. PLACE OF DEATH

County Greene Registration District No. 268
 Township Wright Primary Registration District No. 4167
 City Waverly (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME

Laura Elvira Bell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel D. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 72 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri

13. NAME Adrian Haush

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

15. MAIDEN NAME Louise Fiddle

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

17. INFORMANT (ADDRESS) Samuel Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial
1 Harrison Way 8-21-36

19. UNDERTAKER (ADDRESS) John G. Brown
Chapel Hill

20. FILED Aug 23 1936 Mrs C. A. Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1936

22. I HEREBY CERTIFY, That I appended deceased from March 14, 1935 to Aug 19, 1936
I last saw her alive on May 15, 1936 **Death is said to have occurred on the date stated above, at** 8:00 a.m.

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

Chronic pulmonary infarction

Other contributory causes of importance:

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____

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?
If so, specify _____
 (Signed) [Signature]
 (Address) Waverly, Mo.

