

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

Do not use this space.

27149-A

1. PLACE OF DEATH
 County St. Clair Registration District No. 765
 Township Oscola Primary Registration District No. 4460
 City Oscola (No.) St. Ward
 2. FULL NAME Mary M. Bell
 (a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1833
 7. AGE YEARS 88 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 25 - 1921
 22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1921 to Oct 25, 1921
 I last saw her alive on Oct 10, 1921 Death is said to have occurred on the date stated above, at 40 m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset:
 Other contributory causes of importance:
Senility

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Laceyburg N.Y.
 13. NAME Richard Morris
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) N.Y.
 15. MAIDEN NAME Julia Hannah
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) France
 17. INFORMANT (ADDRESS) Mrs. Daisy Oscola Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE N.C. Rays DATE 10-26-21
 19. UNDERTAKER (ADDRESS) H. J. Seavers Oscola Mo
 20. FILED 11/10 1921 H. Seavers Registrar.

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 C. A. Smith M. D.
 (Signed) Oscola Mo
 (Address) Oscola Mo

Exact statement of OCCUPATION is very important. Do not use this space.

APR 29 1921

THE UNITED STATES OF AMERICA
 DISTRICT COURT OF THE DISTRICT OF COLUMBIA
 IN RE: [Illegible Name]
 DEBENTUREHOLDERS OF THE [Illegible] COMPANY
 [Illegible text follows, including names and addresses]

[Illegible text, likely a notice or legal proceeding]

[Illegible text, likely a notice or legal proceeding]

THE STATE BOARD OF HEALTH
of Missouri
City of Jefferson

James Stewart, M.D. Sec'y.
and State Health Commissioner

Irl Brown Krause, M.D.
Assistant Health Commissioner

April 5, 1932

In Re: Death certificate of
Mrs. Mary Bell,
Died Oct. 25, 1921 in
Osceola, Mo.

Dr. Ruth SeEVERS,
Osceola, Mo.

Kindly inform us what you know
about this death.

Dear Registrar:

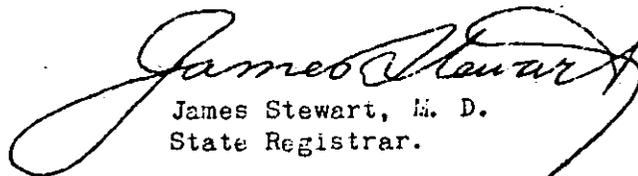
We have this day received a request for a certified copy of
the certificate of the above named person.

We do not find this certificate in our files. Since the certifi-
cate should come from your district, we kindly ask you to forward same to this
office in the enclosed stamped envelope.

Please send the certificate at once and do not wait until the
regular time for sending certificates to this office. The transaction of im-
portant business depends upon this certificate and, therefore, we shall
appreciate its arrival at the earliest possible moment.

We thank you most heartily for this kind assistance.

Very truly yours,


James Stewart, M. D.
State Registrar.

S.

The date death certificate of Mrs. Mary M. Bell is
recorded in my book as of date 10-7-1921- and is
signed by C. A. Smith M.D. 11-7-21- There is an error
of dates due to some careless person who must be
we. Dr. Smith is dead - The record of the undertaker
H. R. Lewis - gives date of death as Oct 25 - and

great -
A grand daughter of Mrs Bell who lives in
Arcola tells me the correct date was Oct 25.
Dr. Smith was a busy man and sometime
out of town and it must have occurred the
he was not on hand to write his certificate
until after it should have been done. Her
the error in dates.

Mrs. Bell died in our local hotel and body a
shipped to N.C. Tenn. for burial.

No matter how the dates became confused
it was unpardonable of me not to catch the error
as I copied records. I will be glad to do what
is necessary to make them correct. You see
am supposing you have the original certificate.
If you do not please let me know and I
will immediately forward one.

This one here is - Reg. D 765. Priv. Reg. 44.
Reg. # 16.

Very truly yours
Pete Leavers

4-12-1932

27149-A