WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...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.
8526

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1502
City Kansas (No. Old City Hosp St. Ward)

2. FULL NAME Mary Bell
(a) Residence. No. 1512 E - 24th 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

3. SEX F
4. COLOR OR RACE Negro.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Mr Bell
(Address) 1512 E 24 St.

15. FILED 4/12, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 13 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 10 - 15 -, 1926, to 3 - 13 -, 1927 that I last saw her alive on 3 - 13 -, 1927, and that death occurred, on the date stated above, at 9 50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(A) Chronic Pulmonary Tuberculosis
23A
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chron Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) H. M. Smith, M.D.
3-13-1927 (Address) Old City Hosp K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds Mo — DATE OF BURIAL 4-12 1927

20. UNDERTAKER H. B. Moore — ADDRESS 1820 E 18