JL 28 1927

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

Do not use this space.

18917

1. PLACE OF DEATH
County: Mississippi — Registration District No.: 566 — File No.:
Township: — Primary Registration District No.: 3030 — Registered No.: 49
City: Charleston (No. St. Ward)

2. FULL NAME: Hazel Bell
(a) Residence. No. Crosno, Mo. St. Ward. Crosno, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 27 1906

7. AGE: Years 20 Months 11 Days 14 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In School, 7th K
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Crosno,
(STATE OR COUNTRY): Mo-

PARENTS

10. NAME OF FATHER: Henry Bell-
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Amanda Underwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fagot,
(STATE OR COUNTRY): Mo-

14. INFORMANT: Amanda Bell
(Address): Crosno, Mo-

15. FILED: June 11th, 19 27 — F S Vernon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/10 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to June 11, 1927, that I last saw ~~her~~ alive on June 10, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~and~~ Just a Opinion
Was Called for
Opening in Neck for
an Act syphilitic growth
(duration) mos. ds.
CONTRIBUTORY (SECONDARY): Also from Asphyxiation
(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? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J. R. Rider, M. D.
(Address) Charleston 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: Oak Grove — DATE OF BURIAL: 6/11 1927

20. UNDERTAKER: The Fair Salvage Co — ADDRESS: Charleston Mo

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.