

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.

8507

1. PLACE OF DEATH

County Centry
Township Boyle
City Boyle (No. _____)

Registration District No. 311
Primary Registration District No. 3430

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

2. FULL NAME

Sarah Ann 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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 7 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marion Co., Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER Ernest Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jennie Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT J. P. Fran
(Address) Denver, Mo.

15. FILED April 1928 C. H. Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19, 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 28, 1928, to March 19, 1928, that I last saw him alive on March 8, 1928, and that death occurred, on the date stated above, at 8-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
Chronic Bright's Disease
131
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bright's Disease
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 107A

IF NOT AT PLACE OF BIRTH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. of Temp

(Signed) James H. Fair, M. D.
, 19 (Address) Denver, 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 DATE OF BURIAL

Miller Cemetery 3/21/28

20. UNDERTAKER Bram Bros. ADDRESS Denver

