

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.

1923

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 5  
Township Shelburne Precinct Registration District No. 5002  
City Bell Center (No.       ) St.        (Ward)       

File No. 13744

Registered No. 196

2. FULL NAME

(a) Residence. No. Bell Center 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 - 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. about 67  
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) Housewife  
(c) Name of employer       

9. BIRTHPLACE (CITY OR TOWN) MO. I  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Parnell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. I  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mo. I  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. I  
(STATE OR COUNTRY)

14. INFORMANT W.B. Connelly  
(Address)       

15. FILED 4/17, 19 24 Dr. Anderson Clark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/16 28  
17. I HEREBY CERTIFY That I attended deceased from Sept 1, 1928 to April 12, 1928 that I last saw        alive on        and that death occurred, on the date stated above, at        3:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY)

127 W

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) C. B. Jones M. D.  
4-17-1928 (Address)       

\*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 Richey Cem in Kansas DATE OF BURIAL 4/16 28

20. UNDERTAKER Hurlburt & Co ADDRESS

