

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

Do not use this space.
15776

15506

1. PLACE OF DEATH

County Schuyler
Township Salt River
City Greentop Mo (No.)

Registration District No. 804
Primary Registration District No. 6048

File No.
Registered No.
St. Ward)

2. FULL NAME

Francis Geraldine 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) April 1, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
1

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) Greentop
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Otto Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adair Co Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Naomi Bayton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

14. INFORMANT Otto Bell
(Address) Greentop Mo

15. FILED 4-4, 1928 NR-Johnson
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1928

17. I HEREBY CERTIFY That I attended deceased from ap 1, 1928, to ap 1, 1928, that I last saw her alive on ap 1, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxia due to
Brain Hemorrhage

CONTRIBUTORY Forceps operation
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. Gron M. D.

4-2, 1928 (Address) Greentop 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

New Harmony 4/3, 1928

20. UNDERTAKER A. O'Farrell ADDRESS Greentop 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.

MISSOURI STATE BOARD OF HEALTH

JUL 2

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