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

Do not use this space.

34894

File No. 9858

Registered No. —

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 5369 Ridge St. ..... Ward)

**2. FULL NAME** Bell B. Bailey

(a) Residence. No. 5369 Ridge Av St., 6 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: female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED, WIDOWED OR~~ DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6-1881

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | — | 1 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Office accountant
(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): Illinois

PARENTS

10. NAME OF FATHER: Ben Bond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Sarah Sharp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mr Ben Bond
(Address) 5369 Ridge Av

15. FILED OCT -8 1928, 19 May C Starkcoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from June 19th, 1928, to Oct 6th, 1928 that I last saw her alive on Oct 5th, 1928, and that death occurred, on the date stated above, at 2 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
25 Tuberculosis of the lungs
31 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculous intestinal ... or diarrhoea (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Detroit, Mich

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Sputa test

(Signed) F. D. Johns, M. D

, 19 (Address) 4616 McPherson Ave, City

*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: Carlyle Ill
DATE OF BURIAL: Oct 8 1928

20. UNDERTAKER: E. J. Schnur 31
ADDRESS: 25 Lafayette av

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.

SAFE PERMANENT RECORD