

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

Do not use this space.

38010

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1784  
 Township Prospect Hill Primary Registration District No. 1030  
 Suburban (No. Prospect Hill)

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 619 Wendell 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11-29-28</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, .... hrs. or .... min.
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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Raymond Bell

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

12. MAIDEN NAME OF MOTHER Therese Hughes

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

14. INFORMANT Raymond Bell  
 (Address) Prospect Hill

15. FILED 12-1-28 O. R. Schurdt  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30-28

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1928, to 11-30, 1928, that I had saw him, alive on Nov 30, 1928, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
atelectasis  
157  
161/161 (duration) yrs. mos. ds.  
 CONTRIBUTORY Prematurity  
 (SECONDARY) (duration) yrs. mos. ds.

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

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
 (Signed) H. T. Miller, M. D.

(Address) 730 Baden av

\*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 Greenwood DATE OF BURIAL 12-1-28

20. UNDERTAKER Stater Funeral Home ADDRESS 4107 Fenwick

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1929

