WRITE PLAINLY, 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.

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

Do not use this space.

42703

File No. .....

Registered No. 11954

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital #2 ..... St. ..... Ward)

2. FULL NAME Joe Bell

(a) Residence. No. 2323 Carr St., 21 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt. 50			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 51C

(b) General nature of industry, business, or establishment in which employed (or employer) 46C 47B

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

PARENTS

10. NAME OF FATHER Green Bell

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

12. MAIDEN NAME OF MOTHER Adeline Unknown

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED 50-3 19 Max C. Starkloff REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4- 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1928, to 12-4-, 1928 that I last saw him alive on 12-4-, 1928, and that death occurred, on the date stated above, at 5:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Primary Carcinoma of Prostate c̄ metastasis to Peritoneum and Lungs (duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis c̄ pericardial Effusion (duration) ..... yrs. ? mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem

(Signed) T. E. Cunningham, M. D.

, 19 (Address) 2945 Sarbton

*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
Washington Park	Dec 9 1928

20. UNDERTAKER	ADDRESS
A L Beal	2726 Lucas Ave