

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36158

1. PLACE OF DEATH

County NorthRegistration District No. 905Township AllenPrimary Registration District No. 6216City North (No. 1)File No. 20084Registered No. 36158St. Mo. Ward) 12. FULL NAME Dessie Marie Bell(a) Residence. No. 1 St. 1 Ward. 1

(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

4

4. COLOR OR RACE

W

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)

Apr. 11 1910

7. AGE

13 YEARS6 MONTHS10 DAYS

If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(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)

North Co., Mo.

10. NAME OF FATHER

G. E. Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

John Mathews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

J. P. Bram
Denver Mo.

15.

FILED

Apr 14 1929
Mrs. Maye Long

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 21 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1929 to Oct. 21 1929 that I last saw him alive on Oct. 29 1929, and that death occurred, on the date stated above, at 3-15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Infection11B(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lewis H. Long, 19 (Address) Denver, Mo.

*State the DISEASE CAUSING DEATH, and death 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

Pratt Chapel Oct. 23 1929

20. UNDERTAKER

ADDRESS

Bram Bros Denver

11/15/55

11/15/55

P

11/15/55