FEB 18 193

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

Do not use this space.

1519

1. PLACE OF DEATH
County: Jackson — Registration District No.: 400
Township: Prairie — Primary Registration District No.: 5 [illegible] — File No.:
City: Little Blue Mo., Jackson County Colored Home — Registered No.: 8 — Ward)

2. FULL NAME: Charles Bell
(a) Residence. No.: Dont Know St., 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: M
4. COLOR OR RACE: Negro
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): about 1870

7. AGE: Years about 60 — Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Saline Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Saline Co. Mo.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Dont Know

14. INFORMANT: County Name Records
(Address)

15. FILED: 1-7-30 W. H. James REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1929 to Jan 2, 1930 that I last saw h... alive on Jan 2, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

00A Cerebral Hemorrhage
021 + Paralysis
822

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) L. H. Booker, M. D.
1-4-30 (Address) 2128 Vine St

*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: KC Western Dental College — DATE OF BURIAL: 1-7-30
20. UNDERTAKER: Flynn + Greenstreet — ADDRESS: K.C. 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.

WHITE PERMANENT, BLACK FADING INK—THIS IS A PERMANENT RECORD