

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

Do not use this space.

13037

PLACE OF DEATH

County Jasper Registration District No. 411
 Township _____ Primary Registration District No. 2002
 City Joplin, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 192

2. FULL NAME

Miss Barbara Jane Bell

(a) Residence, No. 90 Sugar Pkwy 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 7 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>1</u>	<u>20</u>	

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) Joplin
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. Bell

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

12. MAIDEN NAME OF MOTHER Bartha Leonard Smith

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

14. INFORMANT Mrs. Harry P. Smith
 (Address) 419 Pd. Ave

15. FILED 4/30/30 A. Remson Clarke
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
Mar. 7, 1927, to Apr. 27, 1930,
 that I last saw her alive on Apr. 27, 1930, and that
 death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Spina - Bifida
157B (duration) 3 yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? _____
 IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) M. O. Coombs, M. D.

*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.
Joplin Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL York Hwy. Park DATE OF BURIAL Apr. 29 1930

UNDERTAKER Frank - Pierce ADDRESS Joplin Mo

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.

MAY 26 1930

