

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.

JUN 27 1930

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

Do not use this space.

20544

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6133  
 City BALTIMORE (No. 7) Truesdale ave St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank Bell  
 (a) Residence. No. 7 Truesdale St. 1st Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
 4. COLOR OR RACE colored  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Frankie Bell  
 (last wife of)

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 50 ✓ ✓

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/4/30 to 6/4/30 1930  
 that I last saw him alive on 6/4/30 1930, and that death occurred, on the date stated above, at 4 P.M.  
 (THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ch. Myocarditis  
Ch. Hepatitis  
Ch. Rheumatism  
Ch. Nephritis  
Ch. Bronchitis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Undetermined  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) La.

10. NAME OF FATHER Frank Bell

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

12. MAIDEN NAME OF MOTHER unknown

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

18. WHERE WAS DISEASE CONTRACTED? at home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) J. C. Lewis M. D.  
6/4 1930 (Address) 1111 E. 11th St. St. Louis, Mo.

\*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.

14. INFORMANT Frankie Bell  
 (Address) Truesdale ave

15. FILED June 8 1930 R. M. Sullivan  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson DATE OF BURIAL 6/8 1930

20. UNDERTAKER J. C. Lewis ADDRESS 1111 E. 11th St. St. Louis, Mo.

