

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

Do not use this space.

26840

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kane Primary Registration District No. 1002
 City Kansas City (No. Westing Regist)

File No. _____
 Registered No. 3152
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Odessa mo
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
25 - 20

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

9. BIRTHPLACE (CITY OR TOWN) Warsaw
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER C M. Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Benton Co.
 (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Bertha See

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

14. INFORMANT C M. Ball
 (Address) Odessa.

15. FILED 8/20 1930 M. M. Croome
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-18, 1930, to 8-19, 1930
 that I last saw him alive on 8-19, 1930, and that death occurred, on the date stated above, at 7:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chest injuries (cheeseruled)
automobile wreck-
collision of two cars near
Odessa mo hemorrhage
 CONTRIBUTORY (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Odessa mo
 NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
 (Signed) J. F. Mackey M. D.
8-19, 1930 (address) 726 Lathrop Odessa

*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 Odessa cemetery DATE OF BURIAL 8/20 1930

20. UNDERTAKER L. C. Human ADDRESS Odessa

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.

Handwritten text in the top left corner, possibly a signature or date.