

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

Do not use this space.

SEP 25 1930

27075

1. PLACE OF DEATH

County Polk Registration District No. #11 File No. 2002
Township Polk Primary Registration District No. 1515 Registered No. 2002
City Polk (No. 1515 St. Polk Ward)

2. FULL NAME

(a) Residence. No. Eda Jane Bell St. Polk Ward. Polk
(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Bell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1860
7. AGE YEARS 69 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Polk
(STATE OR COUNTRY)

10. NAME OF FATHER Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record
(STATE OR COUNTRY)

14. INFORMANT Family
(Address) 2515 - Oak Ave

15. FILED 8-27-30 REGISTRAR Clark

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25-30
17. I HEREBY CERTIFY, That I attended deceased from 8-25-30 1930
that I last saw her alive on 8-25-30 1930 and that death occurred, on the date stated above, at 7-10 m. PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral insufficiency
Disease of valves
92A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Polk

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Craig M. D.

8-25-30 (Address) Polk 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Polk DATE OF BURIAL 8-27-30
Diamond Mo.

20. UNDERTAKER Ward but Lind ADDRESS Polk 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.

THIS IS A PERMANENT RECORD

1900
1901

1902
1903