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

Do not use this space.

18646 59

File No. 6

Registered No.

1. PLACE OF DEATH

County Maries — Registration District No. 10-22

Township Dry Creek — Primary Registration District No. 5732

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rachel Bell

(a) Residence. No. ..... 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.

JUN 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-16-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	3	0	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Thos Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn 2

12. MAIDEN NAME OF MOTHER Jane Hicks

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

14. INFORMANT Mrs Frank Burton
(Address) Dixon Mo

15. FILED 6-10 1931 J. W. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/16 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to May 16, 1931 that I last saw her alive on May 3rd, 1931, and that death occurred, on the date stated above, at 4-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Dilatation
92A
10 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) High Blood pressure
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. J. Crider, M.D.
, 19 (Address) Dixon 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	DATE OF BURIAL
Robinson	5/18 1931
20. UNDERTAKER	**ADDRESS**
Fred H Gilbert	Dixon Mo