

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

Do not use this space.

30755

1. PLACE OF DEATH

County Cedar
Township Edwards Springs
City Edwards Springs (No. _____)

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-24-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME C. M. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Lizzie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Ora E. Bell
Edwards Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 9- - 1931

19. UNDERTAKER (ADDRESS) J. W. Dawson
Edwards Springs Mo

20. FILED 9-18- 1931 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Head injury
Auto accident
Collision on north main st. on Highway 82 in Edwards Springs Mo.

Other contributory causes of importance: 210M

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9-22, 1931
Where did injury occur? Edwards Springs, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Highway

Manner of injury Auto accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. P. ... Coroner, M. D.
(Address) Edwards Springs, 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.

OCT 22 1931

WHILE FADING INK--THIS IS A PERMANENT RECORD

