WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 26 1932

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

Do not use this space.

13287

1. PLACE OF DEATH

67 County Mess — Registration District No. 569 — File No.

Township Ohio — Primary Registration District No. 5765 — Registered No.

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

2. FULL NAME Ida Bell Deal

(a) Residence, No. Wyatt Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 – 1919

7. AGE: YEARS 12 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Blackton Ark

FATHER
13. NAME Sam Deal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Hattie Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackton Ark

17. INFORMANT (ADDRESS) Grace Deal Wyatt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rush Ridge DATE April 18, 1932

19. UNDERTAKER (ADDRESS) Steve Brown Wyatt Mo

20. FILED 4/17, 1932 H. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 17/32, 19..... I last saw her alive on April 12, 1932. Death is said to have occurred on the date stated above, at 1140 a.m.

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

Pulmonary tuberculosis — Date of onset

23

Other contributory causes of importance:

Name of operation None — Date of .....

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) A. Marshall, M. D.
(Address) Wyatt Mo