

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.

JUN 21 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

15211

## 1. PLACE OF DEATH

4 County Madison  
 Township Wilson  
 City Pearl (No. Bell)

Registration District No. 77Primary Registration District No. 5037

File No. \_\_\_\_\_

Registered No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 1889

7. AGE YEARS 43 MONTHS 2 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Callaway Co., Mo. (STATE OR COUNTRY) \_\_\_\_\_

13. NAME Buttton Bell

14. BIRTHPLACE (CITY OR TOWN) Lin Kuroon (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Nancy Bogue

16. BIRTHPLACE (CITY OR TOWN) Lin Kuroon (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Pearl Bell (ADDRESS) Thompson, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cham, Mo Cem. DATE May 13th 1932

19. UNDERTAKER M. McDonald (ADDRESS) Centralia

20. FILED 5/13 1932 J. H. Iverson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1932

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 \_\_\_\_\_ P. M.

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

suicide by shooting himself with 16 gauge shot gun  
 Date of onset 167

Other contributory causes of importance: none

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? suicide Date of injury \_\_\_\_\_, 19\_\_\_\_.Where did injury occur? Wilson Fishers (Specify city or town, county, and State)

Specify whether injury occurred in \_\_\_\_\_, in home, or in public place.

Anderson Co., Mo.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) E. M. B. Bridg M. D.(Address) St. Louis, Mo.

