

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

Do not use this space.

18569

1. PLACE OF DEATH

County Adair Registration District No. 1023
Township Clay Primary Registration District No. 5004
City Spring (No.) St. Ward

File No.
Registered No. 3
St. Ward

2. FULL NAME

(a) Residence, No. Money M. Bell St. Ward.
(Usual place of abode) Spring Mo

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas D. Bell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-1-1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retd. Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1932
22. I HEREBY CERTIFY That I attended deceased from May 10, 1932, to June 23, 1932
I last saw her alive on June 23, 1932 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach.
4/13
4/6/32
(1)

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>George A. Reynolds</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
MOTHER	15. MAIDEN NAME <u>Fannie P. Jenkins</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT (ADDRESS) <u>Mr Raymond Bellon</u> <u>Spring Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u>	DATE <u>June 25</u> , 19 <u>32</u>
19. UNDERTAKER (ADDRESS) <u>Deer Park</u> <u>Hubert Mo</u>	
20. FILED <u>June 23</u> 19 <u>32</u> <u>Mark G. Kennedy</u> Registrar	

Name of operation Date of
What test confirmed diagnosis? General test Was there an autopsy?

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? W
If so, specify
(Signed) W. F. Kennedy, M. D.
(Address) Kirkville Mo

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

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.

JUL 21 1932

