

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.

AUG 24 1932

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

Do not use this space.

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1. PLACE OF DEATH  
 48 County... Jackson ..... Registration District No. 398  
 5 Township... Blue ..... Primary Registration District No. 3019  
 8 City... Independence ..... (No. 127 1/2 South Park. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 216  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maybell Edith Dell  
 (a) Residence, No. 127 1/2 South Park, \_\_\_\_\_ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles L. Dell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1, 1892</u>				
7. AGE	YEARS <b>40</b>	MONTHS <b>4</b>	DAYS <b>1</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lamoni Iowa.</u>			
	13. NAME <u>Mose Williams.</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Covington, Kentucky.</u>			
	15. MAIDEN NAME <u>Cynthia Masson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hatfield, Missouri.</u>				
17. INFORMANT (ADDRESS) <u>Charles L. Dell 127 1/2 South Park.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound Grove.</u> DATE <u>July 4th 1932.</u>				
19. UNDERTAKER (ADDRESS) <u>CARSON FUNERAL HOME INDEPENDENCE, MISSOURI.</u>				
20. FILED <u>July 2, 1932</u> <u>H. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 2, 1932</u> , 19 <u>32</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>June 21</u> 19 <u>32</u> to <u>July 2</u> , 19 <u>32</u> I last saw her alive on <u>July 2</u> , 19 <u>32</u> Death is said to have occurred on the date stated above, at <u>12</u> m. The principal cause of death and related causes of importance were as follows: <u>Sagrippe, lateral fever, and acute diarrhea</u> Date of onset <u>6/21/32</u> Other contributory causes of importance: <u>Chronic Myocarditis of Rheumatic Origin</u> Name of operation <u>Chloroform</u> Date of _____ What test confirmed diagnosis? <u>Chloroform</u> Was there an autopsy? <u>No.</u>	
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? _____ If so, specify _____ (Signed) <u>F. L. Cook</u> , M. D. (Address) <u>Independence</u>	

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