

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

Do not use this space.

27301

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Carrollton Primary Registration District No. 644B
 City Rock (No. Rock Hospital) St. _____ Ward _____

2. FULL NAME Bess Bell
 (a) Residence, No. 426 1/2 Delmar St., _____ Ward _____
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 286 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Art. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1894

7. AGE YEARS 35 MONTHS 00 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

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) Ohio 2

13. NAME Lucius W. Casagiers

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

15. MAIDEN NAME Lina C. Craemer

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

17. INFORMANT Arthur G. Bell
 (ADDRESS) 426 1/2 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus Ohio DATE Aug. 19 1932

19. UNDERTAKER Wagoner Trust Co.
 (ADDRESS) 3621 Olive St.

20. FILED 8/18 1932 L. G. Obrock M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1930, to 8-18, 1932

I last saw her alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 6:55 a.m.

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

Far advanced Pulmonary Tuberculosis 1920

Other contributory causes of importance: 23A 23 1105

Name of operation Thoroplast Date of 1928

What test confirmed diagnosis? Weg. Cl. test 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? If so, specify no

(Signed) W. E. Cook, M. D.
 (Address) Rock, Mo.

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.

SEP 27 1932

