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

Do not use this space.

33103

1. PLACE OF DEATH

78 County Deming
Township Deming
City Stella (No.)

Registration District No. 861
Primary Registration District No. 5863

File No.
Registered No. 151 St. Ward

2. FULL NAME

Bella L. McClain

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 3 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscumbia Ala

13. NAME W. E. Everett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwell Penn

15. MAIDEN NAME Rosie Clark

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

17. INFORMANT (ADDRESS) W. E. McClain Stella Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Cemetery DATE 10-27-1932

19. UNDERTAKER (ADDRESS) Funeral Home Stella Mo

20. FILED Oct. 27 1932 Aida Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-26-32, 19... to 10-26-32, 19... I last saw him alive on 10-26-32, 19... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows: Pulmonary tuberculosis Date of onset 7

Other contributory causes of importance: 23 A

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? 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) W. E. Daniel M. D. (Address) Stella, Mo

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. NOV 28 1932

