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.

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

Do not use this space.
37549

File No. 10223
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital #1, ..... St. ..... Ward)

2. FULL NAME Margaret J Bell

(a) Residence, No. 13013 (Usual place of abode) St. Compton Ward. 18 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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) Nov. 23 1861

7. AGE: Years 70 | Months 11 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
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) Cole County, Illinois

FATHER

13. NAME Wm. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Margaret Markle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Information Records City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Nov. 22 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave

20. FILED NOV 20 1932 19 Mae C. Vomuth Registrar

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31st 1932, to Nov. 19th 1932, 19..

I last saw her alive on Nov. 19 1932, 19..... Death is said to have occurred on the date stated above, at 9:45 p.m.

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

| | Date of onset |
|---|---|
| Chr. Myocarditis 10-A 10-B 19-A 9-A 186 C | 1 yr. |
| Fracture femur (Right) Fall to floor at residence | 5 days |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-31, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Bedroom of home

Manner of injury Fall

Nature of injury Fracture of femur

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

If so, specify .....

(Signed) Walter Lindner, M. D.

(Address) City Hospital #1

Bell