WHITE 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.

JAN 27 1933

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

Do not use this space.

40390

1. PLACE OF DEATH

54 County Lafayette — Registration District No. 460 — File No.

3 Township — Primary Registration District No. 4272 — Registered No. 82

3 City Corder (No. , St. Ward)

2. FULL NAME Miss Alcinda Margaret Bell

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19-1871

7. AGE: YEARS 61 — MONTHS 2 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

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.: 234

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): Corder; Mo. U.S.A. 1

FATHER

13. NAME: George Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England British Isles 8

MOTHER

15. MAIDEN NAME: Sarah Frances Darnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rappanhannock Co. Virginia ; U.S.A. 2

17. INFORMANT (ADDRESS): Mrs Richard Jackson Corder Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Corder Calvary DATE: Dec. 16th. 1932

19. UNDERTAKER (ADDRESS): Hoefer & Meiners Hogan Higginsville ; Mo.

20. FILED 12-15- 1932 Dr. W. A. Braecklein Registrar.

M.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14-32, 1932, to 12-14-32, 19

I last saw her alive on 12-14, 1932 Death is said to have occurred on the date stated above, at 11 Am.

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

Acute cerebral hemorrhage — Date of onset 12-14-32

[signature]

Other contributory causes of importance: (1)

Name of operation — Date of —

What test confirmed diagnosis? None 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

(Signed) Ralph C. John, M. D.

(Address) Corder, Mo.