

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 9664
 Township Kaw Primary Registration District No. 100 Registered No. 1268
 City Kansas City (No. 3701, St. Johns) St. _____ Ward _____

2. FULL NAME Mrs. Annie E. Bell

(a) Residence, No. 332 So. Mersington 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Bell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Ks.

MOTHER FATHER 13. NAME James R. Lowary

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

15. MAIDEN NAME Fannie Mann

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

17. INFORMANT Mrs. Harry Stephens

(ADDRESS) 332 So. Mersington

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE March 18 1933

19. UNDERTAKER D.W. Newcomer's Son's

(ADDRESS) 2111 E. 9th St. - K.C. Mo.

20. FILED Mar 16 1933 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/33, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19.

I last saw h. _____ alive on _____, 19. Death is said

to have occurred on the date stated above, at _____ m.

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

Coronary sclerosis
with thrombosis
Anterograde infarction

Other contributory causes of importance:

g.B.B. g.H.B.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) C. H. H. H. _____, M. D.

(Address) _____

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.

