

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

Do not use this space.

9677

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. _____
 Township K.A.W. Primary Registration District No. 1002 Registered No. 1281
 City KANSAS CITY (No. 3835 MAIN - NETHERLAND HOTEL St. _____ Ward _____)

2. FULL NAME MRS. ELIZABETH J BELL

(a) Residence, No. 3835 MAIN St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN T. BELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 12 1857

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
| | <u>75</u> | <u>6</u> | <u>4</u> | |

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) VIRGINIA

13. NAME JUDGE J. B. BLAIR

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

15. MAIDEN NAME LIZZIE UNKNOWN

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

17. INFORMANT MRS. L. R. CRULL

(ADDRESS) 12 WEST 74th ST TERRACE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE MARCH 18 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS

(ADDRESS) 211 EAST 9th ST

20. FILED 3-17 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 16 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 16, 1933

I last saw him alive on March 16, 1933. Death is said to have occurred on the date stated above, at 3:40 P.M.

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

Cerebral Hemorrhage Date of onset _____

Senility

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____ (Signed) John A. Pfeiffer, M. D.

(Address) 315 1/2 E. 22 Bldg.

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.

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K. L. Lind

