

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.

JAN 8 1934

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

Do not use this space.

36423

1. PLACE OF DEATH

County Jackson
Township Law
City W. C. Mo (No. 4315-E-56)

Registration District No. 389
Primary Registration District No. 1087

File No. _____
Registered No. 4333
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4315-E-56 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 4 5

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

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) England

13. NAME John Sims

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

15. MAIDEN NAME Caroline Cook

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

17. INFORMANT (ADDRESS) A. T. Rogers

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 6 1933

19. UNDERTAKER (ADDRESS) Forest Hill

20. FILED 19 Nov 6 1933 W. C. Mo Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1933, to 11-4-1933

I last saw him alive on 11-4-1933 Death is said to have occurred on the date stated above, at 1/4 m.

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

Arterio Sclerosis
Endo carditis, acute 11-1-33
DIA
Di
Other contributory causes of importance:
Arterio Sclerosis 1923

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. C. Mo M. D.
(Address) 1701 Jackson

