

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

Do not use this space.

37724

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 3037  
 City Kirkwood (No. 240 East Jefferson Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Corra Mullen Bell

(a) Residence, No. 240 East Jefferson Ave 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1879

7. AGE YEARS 54 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

13. NAME Wm. P. Mullen

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

15. MAIDEN NAME Mary E. Jeter

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

17. INFORMANT Wallace A. Bell  
 (ADDRESS) 240 East Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 11/28/33

19. UNDERTAKER Louis H. Bopp  
 (ADDRESS) Kirkwood

20. FILED Nov. 20th, 1933 Amabel J. Smyth  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16th 1933 to Nov. 25th 1933

I last saw her alive on Nov. 25th 1933 Death is said

to have occurred on the date stated above, at 12:30PM

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

Chr. cardio-vascular-renal disease. Extreme Chr. hypertension, block heart.

Date of onset

several yrs.

Other contributory causes of importance:  
2nd stroke of cerebral appoplexy.  
1st stroke about a year ago.  
2nd stroke 11/25/33  
Angina pectoris

1 yr.

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Leta B. Timmon, M. D.

(Address) 3918 Jennings Rd.

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.

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