

WRITING PLAIN INK 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.

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

Do not use this space.

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1. PLACE OF DEATH
 County Callaway, Registration District No. 104
 Township..... Primary Registration District No. 3008
 City Fulton, Mo. (No. St. Ward)
 2. FULL NAME Mrs, ~~Henriette~~ Drepps 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) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 3rd, 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 3 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Mo,
 MOTHER FATHER 13. NAME Joseph Drepps,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia
 15. MAIDEN NAME Mary Dawson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT Mrs, Fred Montgomery,
 (ADDRESS) Fulton, Mo,
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fulton, Mo, DATE Jan, 21st 1934
 19. UNDERTAKER Herndon-Taylor Furn-Cc,
 (ADDRESS) Fulton, Mo,
 20. FILED Jan 20, 1934 G. N. Crews
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/34, 19...
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd. 1934, 19... to 1/19/34, 19...
 I last saw her alive on Jan. 19/34, 19... Death is said to have occurred on the date stated above, at 11.30P, M,
 The principal cause of death and related causes of importance were as follows:
Cardio-renal disease. Date of onset
(Chr. Nephritis, endocarditis.)
following rheumatism.
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? P. H. 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) Greene D. McNeill, M. D.
 (Address) Fulton

