

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Andrew
Township Bathuer
City Mexico (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. 3824
Registered No. 25
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 9025 - Trinity St., 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. X mos. 4 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/15/1860

7. AGE YEARS 73 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) 1/1/34 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ada Bell (ADDRESS) Mexico - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 2/26/34 19.

19. UNDERTAKER A. Reynolds (ADDRESS) Mexico - Mo

20. FILED Feb 25, 1934 Blanche Neely Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 23, 1934 to Feb 24, 1934
I last saw him alive on Feb 23, 1934 Death is said to have occurred on the date stated above, at 3 P.M.

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

Pericarditis, Sclerosis of arteries and Chronic heart trouble

Other contributory causes of importance:
old eyes

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? yes Date of injury Feb 23, 1934

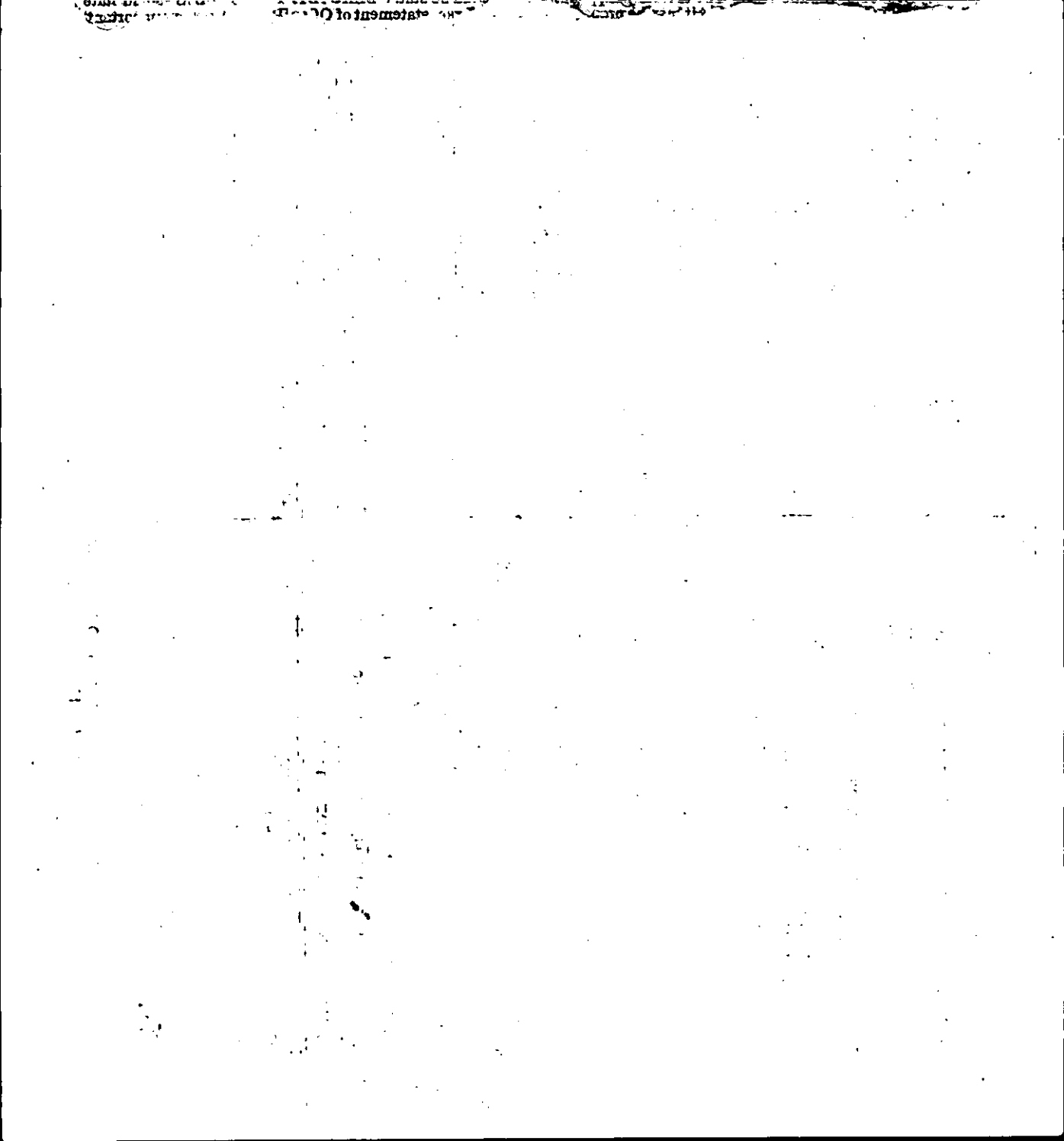
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) R. H. Gibbs M. D.
(Address) Mexico - Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Cause of Death.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

3824

1. PLACE OF DEATH

County Andrew

Registration District No. 26

Township

Primary Registration District No. 3002

City Mexico

(No.)

File No.

Registered No. 25

St. Ward)

2. FULL NAME

Warren 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 m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/15/1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 0 10

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Blanche Guelp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to 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:

Date of onset

Other contributory causes of importance:

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) ..., M. D.

(Address) ...

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1934 - 2
18 - 3
74 - 0 10

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