

MAY 25 1934

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

Do not use this space.

15366

1. PLACE OF DEATH

County SalineRegistration District No. 797File No. 5

Township

Primary Registration District No. 6040Registered No. 50

City (No.)

St. Ward

2. FULL NAME

(a) Residence, No. Francis Lala Bell 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

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Bedford Bell

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

5664

OCCUPATION

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

House Keeper

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

FATHER

13. NAME

Elex Huff

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

mo

MOTHER

15. MAIDEN NAME

Lizzie Brady

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

mo

17. INFORMANT (ADDRESS)

Bedford Bell
Marshall

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawrenceham DATE April 11 1934

19. UNDERTAKER (ADDRESS)

Ferguson-Wickham

20. FILED

4-101934Wm. Aubrey Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4-91934

22. I HEREBY CERTIFY, That I attended deceased from

Mar 9 1933, to April 9 1934I last saw h. alive on Apr 16 1934 Death is saidto have occurred on the date stated above, at 8 A. M.

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

Mitral Insufficiency

Date of onset

July1933Heart

Other contributory causes of importance

acute nephritis

Name of operation

X

Date of

What test confirmed diagnosis?

clinical

Was there an autopsy?

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury Y 1934Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Y

Nature of injury

Y24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank H. Halloway M. D.

(Address)

Beaver, Mo.

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

15366

50

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Francis Lela Bell
Died at _____ on Apr 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth Oct 5 - 1877 Age: Years 56 Months 6 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: mitral Insufficiency

Other contributory causes of importance ac nephritis probably added

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. J. H. Sullivan

Address of physician Maass Mo

Signature of Registrar Mrs. Aubrey Haynes

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 797

Primary Reg. Dist. No. 6040

Very truly yours,

E. T. McLaugh M.D.

Special Agent.

g.c

REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF COMMERCE

MANILA

OFFICE OF THE REGISTER OF TRADE MARKS AND PATENTS
No. 15364

REGISTERED TRADE MARK
No. 15364

TRADE MARK FOR THE PRODUCT OF THE
REGISTERED TRADE MARK

5-15364

5-15364