

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

Do not use this space.

1. PLACE OF DEATH
 County Bollinger Registration District No. 67 File No. 15724
 Township Loraper Primary Registration District No. 3708-C Registered No. 16
 City (No. St. Ward)

2. FULL NAME Flora Bell Shell
 (a) Residence, No. St. Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto Sherman Shell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 25 1894</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>4</u>
		DAYS
		<u>13</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>wife</u>	
	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) <u>May 1934</u>	
11. Total time (years) spent in this occupation <u>18</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>John Westley Hull</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Emaline Shell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Otto Sherman Shell</u> (ADDRESS) <u>Lawrence</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas</u> DATE <u>May 16 1934</u>		
19. UNDERTAKER <u>A. J. Baker</u> (ADDRESS) <u>Lawrence Mo</u>		
20. FILED <u>June 2 1934</u> <u>Ch. Sander</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28 1934 to May 8 1934
 I last saw her alive on May 7 1934 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:
108
Lobar Pneumonia
758
 Other contributory causes of importance: 108
Chronic Alcoholism
& Chronic Hepatitis

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 A. T. Kirkpatrick, M. D.
 (Signed) Lawrence
 (Address) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 20 1934

