

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
Township Salt River
City Mexico Mo (No.)

Registration District No. 26
Primary Registration District No. 3002

File No. 19376
Registered No. 72
St. Ward)

2. FULL NAME Jasper Bell

(a) Residence, No. Mexico, Mo 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 62

7. AGE YEARS MONTHS DAYS If LESS than 1 yr. hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Library

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation several

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County

13. NAME TOM BELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County Mo

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Miss Bertha Bell (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 6/10/34

19. UNDERTAKER (ADDRESS) Mexico, Missouri

20. FILED June 9-1934 Blanche Reely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1934, to 6-8, 1934

I last saw him alive on 6-8-, 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Cerebral Hemorrhage Date of onset

8201

1022

Other contributory causes of importance: Hypertension

Name of operation None 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? no

If so, specify A. J. Betow (Signed) M. D.

(Address) imperial

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF BIRTH AND STATE OF BIRTH are very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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