

WRITE PLAINLY, 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.

SEP 14 1934

1. PLACE OF DEATH

County Christian Registration District No. 181  
Township Pack Primary Registration District No. 5251  
City..... (No. ...., ..... St. .... Ward)

File No. 32254  
Registered No. ....

2. FULL NAME

MINTA JAYNE 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 B. H. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 20 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 2 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) spens in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

13. NAME King

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

15. MAIDEN NAME Elizabeth Price

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

17. INFORMANT (ADDRESS) Mrs. Elizabeth Schmidt  
Billings, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem. DATE Sept 7, 1934

19. UNDERTAKER (ADDRESS) A. S. Wallace  
Billings, Mo.

20. FILED Sept 6 - 1934 F. H. Brown  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 5 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 5, 1934.  
I last saw her alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 1 p. m.  
The principal cause of death and related causes of importance were as follows:

APOPLEXY  
82A  
97  
82A1  
Other contributory causes of importance:  
ARTERIO SCLEROSIS

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) F. H. BROWN., M. D.  
(Address) Billings, Mo.

