

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.

JAN 13 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Wayne
 Township St. Francis
 City Sylvia (No. 1)

Registration District No. 890
 Primary Registration District No. 4034

File No. 45-639-2
 Registered No. 1 St. 1 Ward

2. FULL NAME

(a) Residence, No. 1
 (Usual place of abode)

St. 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Ruth Bell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1888
 7. AGE YEARS 53 MONTHS 9 DAYS 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Patterson (STATE OR COUNTRY) Mo.13. NAME Theodore Bell14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.15. MAIDEN NAME Hanna Chapel16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.17. INFORMANT Thelma Garner (ADDRESS) Patterson Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sylvia DATE 12/30/3419. UNDERTAKER Norman O. Bell (ADDRESS) Patterson Mo.20. FILED 12/30 1934 A. J. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29 193422. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 25 1934I last saw him alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Cerebral Hemorrhage Date of onset 12/27/34

Other contributory causes of importance:

Name of operation Date of 82A

What test confirmed diagnosis? Was there an autopsy? no

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

(Signed) O. A. Tamm M. D.(Address) Quincy, Ill. Mo.

