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

FEB 18 1935

Do not use this space.

File No. 52

Registered No. 6

1. PLACE OF DEATH
County Audrain County Registration District No. 26
Township Saltriver Primary Registration District No. 3002
City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Bell
(a) Residence, No. 705 N. Bed St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode) Columbia, Mo
Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/17/1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	7 8	1?	

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

12. BIRTHPLACE (CITY OR TOWN) Audrain Co
(STATE OR COUNTRY) Mo

FATHER
13. NAME George Bell
14. BIRTHPLACE (CITY OR TOWN) Ada Bell
(STATE OR COUNTRY) Audrain Co Mo

MOTHER
15. MAIDEN NAME Ada Smith
16. BIRTHPLACE (CITY OR TOWN) Audrain Co Mo
(STATE OR COUNTRY)

17. INFORMANT Mrs Ada Bell
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Mexico Mo DATE 1-6 1935

19. UNDERTAKER A.P. Reynolds
(ADDRESS) Mexico Mo

20. FILED 1-6- 1935 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-27- 1934, to 1-2- 1935

I last saw h[illegible] alive on 1-2- 1935 Death is said to have occurred on the date stated above, at 1:35 a.m.

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

	Date of onset
Lobar Pneumonia	
108	

Other contributory causes of importance:

None

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? No
If so, specify .....

(Signed) H. J. Eaton, M. D.
(Address) Jonesboro, Ark.

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