

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

Do not use this space.

MAR 4 1935

4135

1. PLACE OF DEATH

County Winn
Township
City Nevada

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 24
St. Ward

2. FULL NAME

Jama Bell States
(a) Residence, No. 1905 E. Vernon St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 1/2 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 19

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) Sept. 11, 1934 Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turner Missouri

13. NAME Marial Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turner Missouri

15. MAIDEN NAME Carah Cawers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turner Missouri

17. INFORMANT (ADDRESS) Clayton States Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Waldenwood C. DATE Feb 7, 1935

19. UNDERTAKER (ADDRESS) Herry Funeral Home

20. FILED 2/2 1935 M. B. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 1, 1934 to Jan 30, 1935

I last saw him alive on Jan 20, 1935 Death is said

to have occurred on the date stated above, at 2:30 m.

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

tuberculosis of both lung
Date of onset
Other contributory causes of importance: Unknown

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) J. M. King, M. D.
(Address) Nevada Mo

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.

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