

APR 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo* (No. *City Hospital #2*)

Registration District No. **791**
Primary Registration District No. **1008**

File No. **11221**
Registered No. **2878**
St. Ward)

2. FULL NAME

(a) Residence, No. *1718 1/2 - Webster St 11*
(Usual place of abode)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25, 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *3-21-1935* to *3-25-1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 20-1891*

I last saw him alive on *3-25-1935* Death is said to have occurred on the date stated above, at *12:45 p.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 5

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

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

Broncho-pneumonia Date of onset *3-21-35*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

Other contributory causes of importance:
*10/2
Psychosis (Alcoholic)*

13. NAME *James Bell*

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

15. MAIDEN NAME *Adeline Blackwell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

17. INFORMANT (ADDRESS) *Juby Ferguson 2945 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *National Jefferson Barick* DATE *Mar-30* 19*35*

19. UNDERTAKER (ADDRESS) *Arthur M. Tyler 3029 Cambridge St*

20. FILED *APR 28 1935* 19 *J. Predeck* Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify *Russell Smith M.D.* (Signed) *2945 - Lawton Ark* (Address)

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.

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