

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.

25489

SEP 18 1935

1. PLACE OF DEATH

County Atchison Registration District No. 17
 Township W. Clark Primary Registration District No. 5021
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Anne 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 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Jas. Oliver Bell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15-1845</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired house-keeper</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wythe Co., Va.</u>		
FATHER	13. NAME <u>Andrew Fisher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Battie Vaught</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
17. INFORMANT <u>A. B. Bell</u> (ADDRESS) <u>Atchison, Va.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>English Grove</u> DATE <u>Sept. 3, 1935</u>		
19. UNDERTAKER <u>H. N. Schooler</u> (ADDRESS) <u>Garret, Mo.</u>		
20. FILED <u>Sept 3, 1935</u> <u>Edith B. Blush</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to Aug 31, 1935
 I last saw her alive on Aug 5, 1935 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis with uraemia
 Date of onset _____

Other contributory causes of importance:
strictly

Name of operation _____ Date of _____
 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) Chas. J. Tuttle, M. D.
 (Address) Rock Park, Mo.

