

SEP 19 1935

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

Do not use this space.

26016

1. PLACE OF DEATH

33 County Deer
Township Franklin
City (No. _____) _____

Registration District No. 266
Primary Registration District No. 3-373

File No. _____
Registered No. 46 _____ St. _____ Ward _____

2. FULL NAME

Angelone 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Millard Bell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13-1869</u>		
7. AGE <u>66</u>	YEARS <u>0</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homekeeper</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>Iron Corn, Penn</u>		
13. NAME <u>Soloman Priest</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Mary Shrum</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT <u>Millard Bell</u> (ADDRESS) <u>Jadwin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope, Mo.</u> DATE <u>8/18</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>H. D. Halson</u> <u>Salon, Mo.</u>		
20. FILED <u>8/17</u> 19 <u>35</u> <u>St. C. Rudolph, Jr., Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1934 to Aug 13 1935
I last saw him alive on Aug 13 1935 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:
Acute nephritis
Date of onset 3/4

Other contributory causes of importance:
Influenza 1933

Name of operation none Date of no
What test confirmed diagnosis? renal sign Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19—
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. D. Deason, M. D.
(Address) Salon, Missouri

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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