

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

Do not use this space.

27322

1. PLACE OF DEATH

County Platte
 Township Pettis
 City Parkville

Registration District No. 695
 Primary Registration District No. 5922

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Eliza Bell

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Dunn Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 20

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) 1920 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

13. NAME Jim Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Not known

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

17. INFORMANT Mark Bell (ADDRESS) Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Creek DATE Aug 3 1935

19. UNDERTAKER Leland Francis (ADDRESS)

20. FILED Aug 9 1935 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1935 to Aug 1 1935
 I last saw her alive on Aug 1 1935 Death is said to have occurred on the date stated above at 8:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset:

Other contributory causes of importance: Chronic Arteritis

Name of operation Date of
 What test confirmed diagnosis? Chronic 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) S. P. Ford M. D.
 (Address) Parkville Mo.

$$\begin{array}{r}
 1935 \\
 1858 \\
 \hline
 77 = 8 \cdot 20
 \end{array}$$

Tuesday
 Aug 1.
 9:30 P.M.

$$\begin{array}{r}
 1935 \\
 1877 \\
 \hline
 1858
 \end{array}$$

$$\begin{array}{r}
 1935 \\
 1858 \\
 \hline
 77
 \end{array}$$