DEC 20 1935

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

Do not use this space.

37123

1. PLACE OF DEATH
County St. Charles — Registration District No. 760 — File No. 3
Township Ofallon — Primary Registration District No. 6661 — Registered No. 41
City ..... (No. Ofallon Mo. ..... St. ..... Ward)

2. FULL NAME Bell Cross
(a) Residence, No. Route I Box 48. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th
7. AGE: Abt. 60 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SF Charles Mo.

FATHER
13. NAME Allen Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Jane Mogee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Estes Bradford Ofallon Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Hope well Cemetery DATE 11-13-35 19
19. UNDERTAKER (ADDRESS) Garner & Love 3103 Washington Ave.
20. FILED 11/13 1935 H C Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10th, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1935, to Nov 10th, 1935
I last saw her alive on Nov 9th, 1935. Death is said to have occurred on the date stated above, at 8:46 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	1934
46	

Other contributory causes of importance:

Name of operation None 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) H C Clarenbach, M. D.
(Address) Wright City Mo

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.