

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4434

1. PLACE OF DEATH

County AUDRAIN
 Township SALT NEVER
 City MEXICO, MO

Registration District No. 26
 Primary Registration District No. 3003

File No. _____
 Registered No. 82
 St. _____ Ward _____

2. FULL NAME Naekin Fisher Bell

(a) Residence, No. Mexico, Mo 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-16-1921</u>		
7. AGE YEARS <u>15</u>	MONTHS <u>1</u>	DAYS <u>26</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	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 _____

12. BIRTHPLACE (CITY OR TOWN) New Hartford, Mo
 (STATE OR COUNTRY)

13. NAME Omar Beller Dixon
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

15. MAIDEN NAME Anna Dixon
 16. BIRTHPLACE (CITY OR TOWN) New Hartford, Mo
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Dixon
 (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
Elmwood, Mexico Mo. DATE 2/15/1936

19. UNDERTAKER A. L. Reynolds
 (ADDRESS)

20. FILED Feb 12 1936 Mexico, Mo Blanche Heely
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1936 to 2-11-1936

I last saw him alive on 2-11-1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Myocarditis -
Acute cause unknown

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Chromic Was there an autopsy? _____

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) Francis J. Kelly, M. D.
 (Address) Mexico, Mo.

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.

