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.

15015

JUN 22 1936

1. PLACE OF DEATH

County: Howell — Registration District No.: 338 — File No.:

Township: Sisson — Primary Registration District No.: 5542 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Laura May Bell

(a) Residence, No. West Plains, Mo., Rt. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy E. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	37	8	20	

OCCUPATION

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

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): Howell Co., Mo.

FATHER

13. NAME: Al Nolte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell County Mo.

MOTHER

15. MAIDEN NAME: Nanny Brotherton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell County Mo.

17. INFORMANT: Roy E. Bell
(ADDRESS): West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dripping Springs DATE: April 15 19 36

19. UNDERTAKER: Robertson's Mortuary
(ADDRESS): West Plains, Mo.

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 19 36

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 14, 1936

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 6:55 P.M.

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

	Date of onset
Lobar pneumonia	4-2-36

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Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clin 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) [illegible], M. D.

(Address) West Plains, Mo.