

JUN 24 1936

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

Do not use this space.

20195

1. PLACE OF DEATH

County Newton Registration District No. 614 File No. 24
Township..... Primary Registration District No. 4555 Registered No. 18
City Granby (No.....) St. Ward.....

2. FULL NAME

Mary Alice 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 5

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. Honorary
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) Newton

13. NAME George Dickler

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

15. MAIDEN NAME Sarah Nelson

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

17. INFORMANT (ADDRESS) J. J. Bell Granby Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby DATE May 18 1936

19. UNDERTAKER (ADDRESS) James Paulson Granby Mo.

20. FILED June 1 1936 M. H. Keeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to May 6, 1936
I last saw her alive on May 6, 1936 Death is said to have occurred on the date stated above, at 8:15 pm
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
Secondary anemia

Date of onset
1935
May

Other contributory causes of importance
NO

Name of operation..... Date of.....
What test confirmed diagnosis? Blood Count 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) Charles O. Chester, M.D.
(Address) Granby, Mo.
Registrar.

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.

