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.

JUL 24 1936

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

Do not use this space.
22992

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 4046 McGee Street St. Ward)

File No.
Registered No. 2224

2. FULL NAME: Mrs. Burl W. Bell
(a) Residence, No. 4046 McGee Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Charles D. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11, 1882

7. AGE — YEARS: 53 — MONTHS: 10 — DAYS: 7 — 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.: At Home
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): unknown

FATHER
13. NAME: Frank L. Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Catherine Callahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Charles D. Bell
(ADDRESS): 4046 McGee Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: June 20, 1936

19. UNDERTAKER: Freeman Mortuary & Chapel
(ADDRESS): Kansas City, Missouri

20. FILED: 6/19, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935, to June 18, 1936
I last saw her alive on June 18, 1936. Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1930
Other contributory causes of importance: Auricular Fibrillation	1935
Pulmonary Infarction	June 15, 1936

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external cause (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?
If so, specify
(Signed) Geo. H. Hashinger, M.D.
(Address) 1506 Professional Bldg.

Professional Bldg.
2 - 4 - P. M.