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 14 1936

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

791
1003

Do not use this space.
24851

File No.
Registered No. 6505

1. PLACE OF DEATH

County
Township
City St Louis (No. 5635 Waterman St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Dorcas Carr Bell

(a) Residence, No. St., 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15th 1861

7. AGE: Years 75 Months 0 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): St Louis

FATHER
13. NAME: Le Bent Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

MOTHER
15. MAIDEN NAME: Louisa A. Atkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

17. INFORMANT (ADDRESS): Ernest P Bell 5635 Waterman Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: June 27th 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly & Co 3840 Lindell Blvd

20. FILED JUN 26 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1936, to June 25th 1936
I last saw h. alive on June 25th 1936. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Duration
	6 m
	mos a
	few min

Other contributory causes of importance:

Cerebral Arteriosclerosis	several years

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) Edward S Jones, M. D.
(Address) 3720 Washington Av

Dr. Elsworth Smith
3720 West, 6