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.

AUG 24 1936

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

Do not use this space.

26540

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township — Primary Registration District No. — Registered No.
City KANSAS CITY (No. 1404 WABASH AVE. 1002 St. 3210 Ward)

2. FULL NAME MRS. BELL BELLES
(a) Residence, No. 1404 WABASH AVE. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 28, 1861

7. AGE — YEARS: 75 — MONTHS: 1 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) GREENCASTLE INDIANA

FATHER
13. NAME NO RECORD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD NO RECORD

MOTHER
15. MAIDEN NAME NO RECORD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD NO RECORD

17. INFORMANT (ADDRESS) MRS. MARY LOOSEMOORE 925 S. MAIN. INDEPENDENCE, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE JULY 11, 1936

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME 815 W. MAPLE AVE. INDEPENDENCE, MO.

20. FILED 7-10 1936 M. M. Crowe ant. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 9, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to July 9, 1936
I last saw her alive on July 9, 1936 Death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronical Pneumonia	7/7/36
59	
Other contributory causes of importance: Diabetes mellitis	7/1/36

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?
If so, specify
(Signed) R B Parrett, M. D.
(Address) 2200 E 15th St