

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 21003)

FEB 8 1937
Registration District No. 791
Primary Registration District No. 21003
3009 Easton ave.

4094
File No. 1137
Registered No. 1137
St. _____ Ward _____

2. FULL NAME Dorthy Jean Bell

(a) Residence, No. 3009 Easton ave. St. 21 Ward. 1
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 8th, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>2</u>	<u>15</u>	

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. Infant
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, Mo. 1

FATHER 13. NAME Ira Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Francis Mack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 2

17. INFORMANT (ADDRESS) Francis Bell.
3009 Easton ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 1/26 1937

19. UNDERTAKER (ADDRESS) Ellis Funeral Home.
3820 Stoddard St.

20. FILED JAN 23 1937
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1937, to Jan. 23-1937
I last saw her alive on 1-25, 1937 Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Lobar Pneumonia
Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. O. Wallhall, M.D. M. D.
(Address) 1001 - W - Jefferson

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.

