

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

4 County Andrew
 4 Township Salt River
 4 City Mexico Mo (No. 2)

Registration District No. 26Primary Registration District No. 3002File No. 4866Registered No. 35

St. _____ Ward _____

2. FULL NAME Georgia Bell(a) Residence, No. 209 S. Western 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 Female4. COLOR OR RACE Caucasian5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 49

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

FATHER

13. NAME Ed Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Liza Bright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo17. INFORMANT (ADDRESS) Enid Jones Mexico Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 2-23-193719. UNDERTAKER (ADDRESS) G. L. Reynolds 8 Mexico Mo20. FILED 2-23-1937Blanche Neely

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21-193722. I HEREBY CERTIFY, That I attended deceased from 2-5-1937 to 2-21-1937I last saw her alive on 2-20-1937 Death is saidto have occurred on the date stated above, at 3P, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ulcerative Colitis

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Cancer 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) Frank Kelley(Address) Merida, Mo.

M. D.

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.

