

MAR 13 1937

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

Do not use this space. ✓

6613

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City Kansas City (No. 1927) 16. 16th

File No. _____

Registered No. 1002

St. _____ Ward _____

2. FULL NAME Julius Bell(a) Residence, No. 1921 16. 16th St., _____ Ward _____

(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 M4. COLOR OR RACE Col.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 18867. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 50 8 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. B. O. Warehouse

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) Tennessee13. NAME Hardy Bell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Darcus Shaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Maud Bell (ADDRESS) 1921 16. 16th18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 2/26 193719. UNDERTAKER Chatkins Bros (ADDRESS) 1729 Hyde20. FILED 2/25 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 193722. I HEREBY CERTIFY, That I attended deceased from 2-15, 1937, to 2-22, 1937I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:10 p. m.

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

Septicemia Date of onset 2-15-37

Other contributory causes of importance:

Relief Abscesses
Peritonitis

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) Dr. R. C. Hayden, M. D.(Address) 2024 E. 16th ac ems

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.

ALL RIGHTS RESERVED

R. C. Hayden.

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

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1. PLACE OF DEATH

County Jackson
Township Kansas City
City Kansas City (No. 1921 E. 16th)

Registration District No. 399
Primary Registration District No. 1602

File No. 6613
Registered No. 1007
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1921 E. 16th St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>			

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

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 _____

Septicemia / 75
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Phyic abscess: peritonsillar (Gonococcus origin)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS)

If so, specify R. C. Hayden, M. D.
(Address) 2024 E. 16th

20. FILED 2/25 1937 M. M. Crowe Registrar

CAUSE OF DEATH implies terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARY

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