

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County PikeRegistration District No. 684Township CrossPrimary Registration District No. 4409City Bowling Green (No.)

St. Ward)

File No. 7655Registered No. 8

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 2 mos. 18 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

X

(OR) WIFE OF

X

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

Dec. 2 - 1936

7. AGE

YEARS

X

MONTHS

2

DAYS

18If LESS than 1
day, hrs.
or min.

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

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

Bowling Green

FATHER

13. NAME Joh Bell

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

Bowling Green

MOTHER

15. MAIDEN NAME Ora Harrison

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

Bowling Green

17. INFORMANT (ADDRESS)

Joh Bell
Bowling Green

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bowling Green DATE

19. UNDERTAKER (ADDRESS)

W. B. Colmore
Bowling Green

20. FILED

3/16/37 W. B. Colmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 20, 193722. I HEREBY CERTIFY, That I attended deceased from FEB. 18, 1937, toI last saw her alive on FEB. 18, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Date of onset

MALNUTRITION

Other contributory causes of importance:

UPPER RESPIRATORY INFECTIONN M OName of operation NONE Date ofWhat test confirmed diagnosis? NONE Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) W. B. Colmore, M. D.
(Address) Bowling Green, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township
City Bowling Green (No.)

Registration District No. 684
Primary Registration District No. 4408

File No. 7653-
Registered No.
St. Ward)

2. FULL NAME Emily May Bell

(a) Residence, No. 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 7 4. COLOR OR RACE Col 5. 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)

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bowling Green DATE 2-20th 1937

19. UNDERTAKER (ADDRESS)

20. FILED 3/10 1937 M. J. Summers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address)

N. B.—Every item of information should be carefully supplied. No amount of state or federal money is available to pay for a death certificate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

