

APR 26 1937

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

Do not use this space.

13083

1. PLACE OF DEATH

County Putnam  
Township Elm  
City (No. ) St. Ward)

Registration District No. 719  
Primary Registration District No. 5350

File No. 13083  
Registered No.

2. FULL NAME

Nancy Margaret Bell  
(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 25 1937, to March 30 1937  
I last saw her alive on March 30 1937 Death is said to have occurred on the date stated above, at 12:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 3 14

Lobar Pneumonia  
Date of onset 3 days before

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work  
10. Date deceased last worked at this occupation (month and year) 20th March 37  
11. Total time (years) spent in this occupation all

Other contributory causes of importance: Influenza  
Name of operation none 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  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.

FATHER  
13. NAME Stinson Scooby  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
15. MAIDEN NAME Nancy Coffey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Joseph M. Bell State Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Redford Cemetery DATE April 2 1937

19. UNDERTAKER (ADDRESS) Constock, Melt & Co. Unionville Mo.

20. FILED March 23 1937 Dr C O Thomas Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify A. J. Garrison M. D. (Signed) Younger Mo. (Address)

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

