JUL 26 1937

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

Do not use this space.

File No. 23067

1. PLACE OF DEATH
County Audrain / Registration District No. 26
Township Salt River / Primary Registration District No. 3002
City Mexico Mo. (No. Audrain Co Hospital St. Ward) Registered No. 84

2. FULL NAME Hallie Bell
(a) Residence, No. Vandalia St., Ward. Home Vandalia Mo
(Usual place of abode) Died at Audrain Hospital
(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? ~~54~~ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	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 54			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) unknown
11. Total time (years) spent in this occupation

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

FATHER
13. NAME --- unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME --- unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Half-sister Minnie Palmer Vandalia . Mo.

18. BURIAL, CREMATION, OR REMOVAL Body turned over to Anatomical Board Columbia Mo
PLACE DATE 6-26-37 19

19. UNDERTAKER (ADDRESS) J. C. Roberts Columbia Mo

20. FILED June 26 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-8- 1937, to 6-25- 1937
I last saw h alive on 6-25- 1937 Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy With Effusion Left Side (Probably tuberculous)	
Other contributory causes of importance: Cancer ?	

Name of operation Aspiration of Chest Date of 6-12-37
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) J. H. Hanson, M. D.
(Address) Mexico, Mo.

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