

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.

Do not use this space.

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

45 JUL 28 1937

23874

1. PLACE OF DEATH
 County Iron Registration District No. 391
 Township Peoria Primary Registration District No. 4230
 City Ironton (No. 1) St. _____ Ward _____

2. FULL NAME Bell (Stilborn)
 (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 fem 4. COLOR OR RACE white 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) June 26 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Ironton Mo. (STATE OR COUNTRY)

MOTHER FATHER

13. NAME Marion Bell

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

15. MAIDEN NAME Stella Pettiejohn

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

17. INFORMANT Marion Bell (ADDRESS) Goodland Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Banner Mo. DATE June 27 1937

19. UNDERTAKER White & Son (ADDRESS) Ironton Mo.

20. FILED June 26 1937 R. A. Raabe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to June 26, 1937.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Still-birth (Emf)
 Date of onset _____

Other contributory causes of importance:
Pre-maturity
one of 7 mins

Name of operation Breast extraction Date of June 26 1937
 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) R. E. Herland, M. D.
 (Address) Ironton, Mo.

