REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No. 17739
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 515
City ST. JOSEPH (No. 140 PARK LANE, APT. 14 St. Ward)

2. FULL NAME RUTH E. BELL
(a) Residence, No. 140 PARK LANE, APT. 14 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CHAS. H. BELL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 8, 1876
7. AGE: YEARS 62 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

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
10. Date deceased last worked at this occupation (month and year): MAY 1938
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MUSCOTA, KANSAS

FATHER
13. NAME: THOMAS BAILEY,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOHN ENGLAND

MOTHER
15. MAIDEN NAME: MARY B. MILLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TAMAGUA, PENN

17. INFORMANT (ADDRESS): EARL D. BELL 1011 NORTH 13TH ST. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK CEM DATE: MAY 13, 1938.
19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED 5/12, 1938 H. J. Nettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 11, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 1938, to 5/11, 1938
I last saw her alive on 5/11, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pecoris	unknown
4 yr	

Other contributory causes of importance:

Name of operation: none — Date of
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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) [signature], M. D.
(Address) Phys. & Surgs. Bldg

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.