

REC'D SEP 23 1938

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

29073
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
(b) Township Arcadia Primary Registration District No. 4230
(c) City Ironton (d) Street No. St. Marys Hospital Registered No. 51
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Silvya Gene Bell H.M.

(a) Residence, No. Banner Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ##

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) Banner Mo.

FATHER 13. NAME Fred Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Banner Mo.

MOTHER 15. MAIDEN NAME Avis Brummet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

17. INFORMANT Fred Bell
(ADDRESS) Banner Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Banner Mo. DATE 8/15 193819. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo.20. FILED Aug 23 1938 R. A. Rasche
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14 193822. I HEREBY CERTIFY, That I attended deceased from July 5 1938, to August 14 1938.I last saw h. er. alive on August 14 1938. Death is said to have occurred on the date stated above, at 12:55 a.m.

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

dysentery,, acute Date of onset
bacillary 6-28-38

Other contributory causes of importance:
otitis media 7-3-38
pneumonia, left lobar 7-10-38

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? NO
If so, specify Ben M. Bull Ben L. Bull / M. D.
(Signed) Ben M. Bull (Address) Ironton, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)