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.

REG. NO. 16 1938

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

34228
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9214

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Emma Bell
(a) Residence, No. 219 A South Jefferson St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1895
7. AGE: Years 42 | Months 10 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
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): Mississippi

FATHER
13. NAME: Tom Lyles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Matilda Mayo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT: Evelyn Hilliard
(ADDRESS): 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Opolona Miss DATE Oct 26 1938

19. FUNERAL DIRECTOR (NAME): Towne and Co
(ADDRESS): 3103 Washington Blvd.

20. FILED OCT 24 1938 J. F. Bredick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1938 to Oct. 19, 1938
I last saw her alive on Oct. 19, 1938 Death is said to have occurred on the date stated above, at 11:40 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	8/10/38

Other contributory causes of importance:
Post radium reaction

Name of operation 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?
(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. B. Martin, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

Kolomo Miss

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, William C. McDowell by Frank Owens

Registered Apprentice No. 156, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2117

P. O. Address 3506 Franklin

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.)

If this body is not embalmed, above space should be left blank.