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.

OCT 20 1939

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

33166
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2 Registration District No. 653
(b) Township Hayti 1 Primary Registration District No. 5864 Registered No. 77
(c) City ..... (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mittie Bell
(a) Residence, No. Hayti, mo St. ☐ .....
(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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1898
7. AGE YEARS 41 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 9-4-39
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tenn

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

MOTHER
15. MAIDEN NAME Lucy Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Tenn

17. INFORMANT (ADDRESS) Sallie Smith Hayti - mo
18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE point pleasant DATE 9-8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs T. J. Smith Hayti - mo
20. FILED 9-8- 1939 Pearl Kelley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1939 to Sept. 7, 1939
I last saw her alive on Sept. 5, 1939 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy — Date of onset Sept 4 39
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? S+S 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) A. Shirey, M. D.
(Address) Hayti, mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number 1039-608
Date Filed 10/9/39

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, ...

....., or by .....,

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.