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.

FILED JAN 8 1941

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

Do not use this space.

42734

1. PLACE OF DEATH

County Iron — Registration District No. 393 — File No.

Township Kaolin — Primary Registration District No. 5550 — Registered No.

City 2 (No. , St. Ward)

2. FULL NAME Mary Elizabeth Bell

(a) Residence, No. Banner Mo. 0 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nelson Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15, 1860

7. AGE: YEARS 80 — MONTHS 0 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired house wife
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) (STATE OR COUNTRY): Iron County Mo 0

FATHER

13. NAME: Wm Harbison 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER

15. MAIDEN NAME: Elizabeth Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Ablert Bell, Banner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Banner Mo. DATE June 27, 1940

19. UNDERTAKER (ADDRESS): Norman White & Sons, Ironton Mo.

20. FILED Nov, 1940 Ina Volner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1940, to June 26, 1940

I last saw her alive on June 25, 1940 Death is said to have occurred on the date stated above, at 1.00A.

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

Cerebral haemorrhage — Date of onset

54

Other contributory causes of importance: diabetis and arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — 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 no

(Signed) J. P. [illegible], M. D.

355 (Address) Irondale, Mo