

REC'D AUG 14 1941

STATE BOARD OF HEALTH

Division of Vital Statistics, State of Missouri Registrar's No. 41 2002

049
2
5

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution Severe Hospital (Osteopathic)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 day 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans. (b) County Chester
(c) City or town Baxter Springs, Kans.
(If outside city or town limits, write RURAL)
(d) Street No. West 6th (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3 (a) FULL NAME Ellen May Bell

3 (b) If veteran, name war L 3 (c) Social Security No. _____

4. Sex Female 5. Color or race white 6 (a) Single, widowed, married, divorced Married
6 (b) Name of husband or wife F. F. Bell 6 (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 7 1912 (Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 24 If less than one day _____ by _____ min.

9. Birthplace Alabama (City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jim Boat

13. Birthplace Alabama (City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town or county) (State or foreign country)

16 (a) Informant's own signature F. F. Bell

(b) Address Baxter Springs

17 (a) Interment (b) Date thereof Aug 2 1941 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quaker Hill

18 (a) Signature of funeral director Walter Jackson

(b) Address Baxter Springs, Kans

19 (a) 8-1-41 (b) W. D. Jarney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 31 year 1941 hour 7:07 AM
21. I hereby certify that I attended the deceased from July 31, 1941; that I last saw him alive on July 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory + Respiratory collapse
Due to asphyxia
Due to chronic asthma 10 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 112
Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. D. Jarney For other _____
Address Baxter Springs, Mo. Date signed July 31

N.B.—WHILE FILLING IN THIS FORM, PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

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