

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 27 1927

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

Do not use this space.

11507

1. PLACE OF DEATH

County Jerry

Registration District No. 14

Township Windsor

Primary Registration District No. 2211

City Windsor (No.)

File No.
Registered No. 18
St. Ward

2. FULL NAME Mary Hanna Bell

(a) Residence. No. St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 9 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Windsor (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. M. Daniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. Y. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Polly Peck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K. Y. (STATE OR COUNTRY)

14. INFORMANT Mr. Dr. Logan Allen (Address) Windsor, Mo.

15. FILED May 27 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 16 1927, Apr 23 - 1927 (that I last saw him alive on Apr 22, 1927, and that death occurred, on the date stated above, at 6 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6a Grippe - senility.

CONTRIBUTORY (SECONDARY) 11 B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 11 B

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. M. Head, M. D. (Address) Windsor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL April 24 1927

20. UNDERTAKER W. E. Huston Windsor Mo. ADDRESS

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.

