

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

Do not use this space.

20255

1. PLACE OF DEATH
 55 County Lawrence Registration District No. 470
 Township N. Mt. Vernon Primary Registration District No. 5633
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Hazel Jean 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-1900
 7. AGE YEARS 33 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
 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) Calhoun Mo.
 13. NAME Samuel W. Bell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Hannie Wigginton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT State records (ADDRESS) W. Vernon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo. DATE June 10 1933
 19. UNDERTAKER (ADDRESS) Phillips & Foulth
 20. FILED July 11 1933 W. D. Tuttle Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10 1933
 22. I HEREBY CERTIFY, That I attended deceased from 19/19, 1931, to 6/10, 1933
 I last saw her 6/9 alive on _____, 1933. Death is said to have occurred on the date stated above, at 8:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis - ang. lobis Date of onset 1930
23R
30 73a
 Other contributory causes of importance:
Renal tuberculosis June 1931
 Name of operation None Date of _____
 What test confirmed diagnosis? Tub. 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) J. B. Stokes, M. D.
 (Address) W. Vernon, Mo.

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

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.

