

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

Do not use this space.

21522

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kanz Primary Registration District No. 1062
 City Kanz. City Mo. (No. Old City Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2570
 _____ St. _____ Ward _____

2. FULL NAME

Henry Bell
 (a) Residence No. 2529 Woodland St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1888

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, or min.
<u>39</u>	<u>6</u>	<u>-</u>	<u>?</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Louisiana

10. NAME OF FATHER Soloman Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Millie Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) West Virginia

14. INFORMANT Charlotte Miller (Address) 2529 Woodland

15. July 21, 27 M. M. Greene REGISTRAR Assr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6-1927

17. I HEREBY CERTIFY, That I attended deceased from 6-25, 1927, to 7-6, 1927 that I last saw him alive on 7-6, 1927, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T. B.

2 DSA (duration) Unknown ds.
 CONTRIBUTOR (SECONDARY) None (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microsc. & Lab. findings (Signed) A. M. Smith M. D.

7/7, 1927 (Address) Old City Hospital

*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 Blue Ridge Lawn DATE OF BURIAL 7-20-1928

20. UNDERTAKER W. Fleckner ADDRESS City

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.

