

County Oregon
Township Roshkoney Registration District No. 631 File No. 1
Inc. Town or City 4361 Primary Registration District No. 5853 Registered No. 9
(No. 4361 St.; Ward)

2 FULL NAME Sara Jane Bell
(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. (If nonresident give city or town and State)
How long in U. S., if of foreign birth? 75 yrs. 8 mos. 24 ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR or RACE White
5 Single, Married, Widowed, or Divorced (or ~~Widowed~~) Widow
5a if married, widowed, or divorced HUSBAND of (or) WIFE of John E. Bell
6 DATE OF BIRTH Jan-22- 1882
Month Day Year
7 AGE 75 Years 8 Month 20 Days
If LESS than 1 day,.....hrs. or.....min.

16 DATE OF DEATH Oct-17- 1927
Oct Month 17 Day 27 Year
17 I HEREBY CERTIFY, That I attended deceased from Sept-20th 1927 to Oct-12- 1927
that I last saw her alive on Oct 12 1927
and that death occurred, on the date stated above, at 6:40 a.m.
The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
220

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (Secondary) MB
(duration)yrs.mos.ds.
(duration)yrs.mos.ds.

9 BIRTHPLACE (city or town) Wayne Co.
(State or country) Illinois
10 NAME OF FATHER Thomas Sanders
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Illinois
12 MAIDEN NAME OF MOTHER Butler
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Illinois

18 Where was disease contracted?
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Frank Gullie M. D.
19 (Address) Roshkoney Mo

14 Informant Mrs. W. A. Thomas
(Address) Roshkoney, Mo
15 Filed Oct 17 1927 H. B. Anderson
Registrar

19. PLACE OF BURIAL, CREMATION, or REMOVAL Shiloh DATE OF BURIAL Oct 21 1927
20 UNDERTAKER A. L. Carr ADDRESS Wayne

Burial or Transit Permit issued by Date of Issue mo.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by

U. S. Census and American Public Health Association]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home,* and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, *first,* the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse,"

"Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Certificates may be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.