1928

JAN 3

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

Do not use this space.

32789

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. State Hospital for Insane #2 St. Ward)

File No.

Registered No. 1176

2. FULL NAME: Bertha Bell

(a) Residence. No. Chillicothe St. Mo. Ward. Chillicothe, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 3 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15, 1879

7. AGE: Years 48 | Months 4 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Bagnidy Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Wm Wood

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

12. MAIDEN NAME OF MOTHER: Eliza Owen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

14. INFORMANT: State Hosp. Record
(Address): St. Joseph, Mo.

NOV 16 1927

15. FILED: 1927, 19 John G. Ub
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 16th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Nov 16, 1927, that I last saw h. alive on Nov. 16, 1927, and that death occurred, on the date stated above, at 12 25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 DR Lobar Pneumonia

2 Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Insanity

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leonard Dalton, M. D.

11/16, 1927 (Address) St. Joseph, 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: Chillicothe, Mo.

DATE OF BURIAL: Nov. 18 1927

20. UNDERTAKER: Heaton-Bartlett Undertaking Co.

ADDRESS: 319 S. 10

by F. M. Earle

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.

PERMANENT RECORD