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

Do not use this space.

8211

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1860

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Bell Thomas

(a) Residence. No. 703 N. 18 St. St., 25 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Charles Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known 1892

7. AGE: abt. YEARS 37 MONTHS Not Known DAYS If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: David Hutchinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Susan DeBeau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Charles Hutchinson
(Address) 2337 A Pine St

15. FILED FEB -8 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-5 1929

17. I HEREBY CERTIFY: That I attended deceased from 2-2- 1929, to 2-6- 1929 that I last saw her alive on 2-5- 1929 and that death occurred, on the date stated above, at 6:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 101 A (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): + (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 703 N. 18th St.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J. T. Edmonds, M.D.
, 19 (Address) 1419 Morgan St. City

*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: Douglas Cemetery E. St Louis
DATE OF BURIAL: 2/9 1929

20. UNDERTAKER: R. M. McGreen
ADDRESS: 1318 E. Bdwy

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.

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