

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 938
Township Fredericktown Primary Registration District No. 8028
City Fredericktown St. _____ Ward _____

File No. 41520
Registered No. _____

2. FULL NAME Anna Alice 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Bell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 0 21

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) Madison Co.
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Wm Thomas

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

12. MAIDEN NAME OF MOTHER Minnie King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) MO.

14. INFORMANT J. E. Bell
(Address) Fredericktown, Mo.

15. 12 31 19 21 C. H. Webb
REGISTERAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 17 1931 to Dec 22 1931 that I last saw him alive on Dec 21 1931 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
115A

(duration) _____ yrs. _____ mos. 35 ds.
CONTRIBUTORY Abscessed throat
(SECONDARY) (duration) _____ yrs. _____ mos. 15 ds.

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) W. Harry Benson M. D.
12 31 (Address) Fredericktown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, at (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fredericktown christian cemetery DATE OF BURIAL 12-24-31

20. UNDERTAKER Ed. H. Webb ADDRESS Fredericktown 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.

