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.

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

Do not use this space.

31162

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 6 Barnes Hospital Hwy St. ..... Ward)

File No. .....

Registered No. 8461

2. FULL NAME Zeba Bell

(a) Residence, No. 229 Penning Ave. St., N R Ward. Wood River Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Bertha Bell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1867

7. AGE: YEARS 67 | MONTHS 6 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store House Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Refinery

10. Date deceased last worked at this occupation (month and year) July 1934.

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County. Illinois.

FATHER

13. NAME James R. Bell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Tennessee.

MOTHER

15. MAIDEN NAME Martha Noble.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Illinois.

17. INFORMANT (ADDRESS) Carl Berry 517 3rd St. Wood River Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery. Grafton Ill. DATE Aug. 20, 1934

19. UNDERTAKER (ADDRESS) Robert H. Streeper. 2521 Edwards St. Alton Ill.

20. FILED AUG 19 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7 31, 1934, to 8-17-, 1934

I last saw him alive on 8-17-, 1934. Death is said to have occurred on the date stated above, at 8 20 P.m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis, bilateral, acute (Cause unknown)

133a

Other contributory causes of importance: Cystitis acute (Cause unknown)

Date of onset

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. R. Richardson, M. D.

(Address) Barnes Hosp.