

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

Do not use this space.

JAN 19 1937

44870

1. PLACE OF DEATH

County Jackson County
Township no.
City Kansas City Mo. (No. 5331 Highland Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5451
St. _____ Ward _____

2. FULL NAME Catherine Bell

(a) Residence, No. 5331 Highland Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 89 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford Ky.

FATHER 13. NAME Felix Mitiaf

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

MOTHER 15. MAIDEN NAME Suzanne Lancaster

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

17. INFANT (ADDRESS) Sister Camille 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE M. M. Brown DATE Dec 18 1936

19. UNDERTAKER (ADDRESS) Quincy Operation Co 20 W. Howard

20. FILED Dec 18 1936 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 19 36, to Dec 14, 19 36
I last saw h. in alive on Dec 14, 19 36 Death is said to have occurred on the date stated above, at 5 a. m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ 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? _____
If so, specify _____
(Signed) Dr Paul J. O'Rourke, D.
(Address) 1402 Bryant Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

