JAN 14 1935

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

Do not use this space.

42034

85

1. PLACE OF DEATH

County: Buchanan, Registration District No.: 1004 File No.:

Township: Primary Registration District No.: Registered No.:

City: St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Wiley Payne Bell,

(a) Residence, No. St., Ward. Clarksdale, 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	8	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) November 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County, Missouri,

FATHER

13. NAME William E. Bell,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Kentucky,

MOTHER

15. MAIDEN NAME Rebecca White,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County, Missouri,

17. INFORMANT (ADDRESS) Homer Bell Maysville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Mo. DATE Dec. 15th, 1934

19. UNDERTAKER (ADDRESS) Heaton, Belcher & Bowman 1120 Felix St. Funeral Home

20. FILED 12-14, 1934 John R. Benden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1934, to Dec 13th, 1934

I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 9:25 p.m.

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

	Date of onset
Frost Bite	12/8/34
PD	

Other contributory causes of importance:

Pneumonia (bronchial)	12/12/34

Name of operation Date of

What test confirmed diagnosis? Clinical 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) W. J. Elam, M. D.

(Address) St. Joseph Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD