

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

Do not use this space.

8508  
1369

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kan Primary Registration District No. \_\_\_\_\_  
City K.C. Mo. (No. 408 So. Lawn)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 408 So. Lawn 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Myrtle Bell  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-1-1899  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 27 10  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work 56.5 Musician  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Walter Bell

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

12. MAIDEN NAME OF MOTHER Mary Chalfant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT (Address) Mrs. Walter Bell 408 - So. Lawn

15. FILED 1/2 27 1927 M.M. Crowl REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1927  
17. I HEREBY CERTIFY, That I attended deceased from February 25, 1927, to March 31, 1927 that I last saw him alive on March 31st, 1927, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Adenoma of anterior lobe of pituitary gland, with acromegaly.  
(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Spontaneous hemorrhage into adenoma, in interpeduncular space.  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 1, 1927

WAS THERE AN AUTOPSY? yes.  
WHAT TEST CONFIRMED DIAGNOSIS. operation & autopsy  
(Signed) Frank Decker M. D.

Mar. 31, 1927 (Address) 1002 Argyle Bldg.

\*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.

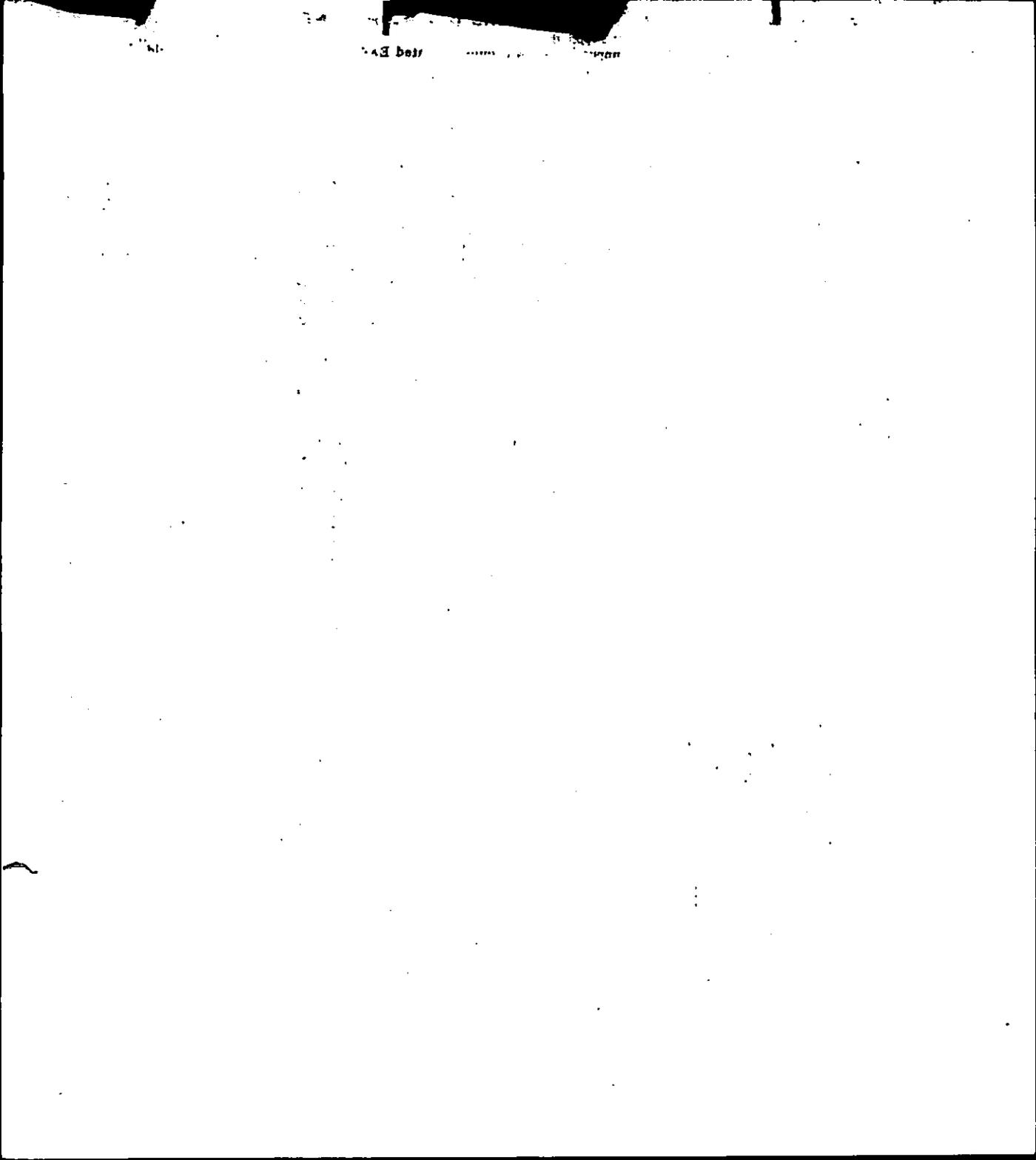
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Mt. Moriah Apr - 1927

20. UNDERTAKER ADDRESS  
Mrs. E. L. Foster K.C. Mo.

PERMANENT RECORD

WRITE FULLY, WITH UN

N. B.—Every item of information should be carefully checked. It 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**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *Kansas City* (No. ....)

Registration District No. *399* File No. ....  
Primary Registration District No. *1002* Registered No. *1369*  
St. .... Ward)

**2. FULL NAME**

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *M*  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hr. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

**14.**

INFORMANT (Address)

**15.**

FILED *4/2/27* *G. M. Brower* REGISTRAR  
*Asst*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *MAR 31 1927*

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... that I last saw him ..... alive on ..... 19..... and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Identified as anterior lobe of pituitary gland with adenoma*

CONTRIBUTORY (SECONDARY) *hypertensive hemorrhage into adenoma in interpeduncular space*

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? *not malignant* ..... M. D.  
(Address) *2 Jackson St., N.Y.*

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...THIS IS A ...

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.

ATM. N. SINGH. 1971

1971

8058-5

Division of  
Vital Statistics.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

#2  
Dr. James Stewart,  
Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name:

*Paul Chapren Bell*

Who died at:

*Kansas City* on *Mar. 31, 1927*  
*Mo.*

Residence: No. \_\_\_\_\_

St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: *Adenoma of anterior lobe*

Contributory: *Spontaneous hemorrhage*

*into adenoma, in interpeduncular*

*space*

Where was disease contracted? *non malignant*

*399*

*8508*

*1369*

*59*

This man had a pituitary gland tumor (adenoma) with acromegaly. The pituitary tumor had grown to such size as to cause intracranial compression, with terrific headache, vomiting etc. The tumor had pressed upon the optic chiasm, as he had a marked bitemporal hemianopsia and central scotomata to the point of impending blindness.

The operation for removal of the tumor of the pituitary was performed to relieve the intracranial pressure symptoms and to relieve the pressure on the optic chiasm to preserve his vision.

One month after the operation he died suddenly as a result of the spontaneous hemorrhage which occurred in the interpeduncular space.

J. R. Teasdale, M.D.

S-8508