

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.

11305

285

1. PLACE OF DEATH

County.....*Franklin*.....

Township.....*Lockwood*.....

City.....*Lockwood*.....

Registration District No.....*238*.....

Primary Registration District No.....*4145*.....

File No.....*285*.....

Registered No.....*285*.....

St.....*Lockwood*..... Ward.....

2. FULL NAME

William Bell

(a) Residence. No.....*Lockwood*..... St.....*Lockwood*..... 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 (write the word)

Married

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

Married

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

April 9, 1855

7. AGE

72

YEARS

4

MONTHS

DAYS

IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Rtd Farmer

(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)

England

10. NAME OF FATHER

John Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

John Bell, Lockwood, Mo.

15.

FILED

4-13

1927

J. D. Wren

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr. 13, 1927

17.

I HEREBY CERTIFY, That I attended deceased from

4-11

1927

to

Apr. 13

1927

that I last saw him alive on *Apr. 11*, *1927*, and that death occurred, on the date stated above, at *9:40 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY

(SECONDARY)

74 W

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).....

A. Jackson

M. D.

, 19

(Address)

Lockwood

*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

Road House

April 14, 1927

20. UNDERTAKER

ADDRESS

E. J. Caldwell, Lockwood, Mo.

Dr Jackson