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

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.

14994

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ..... (No. St Marys Inf. St. ..... Ward)

File No. .....

Registered No. 3910

2. FULL NAME James C. Bell.

(a) Residence (Usual place of abode) No. 1922 E. Warne St., 9 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 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: Celeste E. Bell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-7-1886

7. AGE: Years 41 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Haden (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John Bell

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

12. MAIDEN NAME OF MOTHER: Sarah Copeland

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

14. INFORMANT: Celeste E. Bell (Address) 1922 E. Warne Ave

15. FILED APR -9 1928 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-29-28, 19..., to 4-7-, 1928 that I last saw him alive on 4-6-28, 19..., and that death occurred, on the date stated above, at 11.35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Lung abscess from infection cause unknown (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Eugene F. Moore, M. D

4-9, 1928 (Address) 1536 Papin.

*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: Calvary Cem.

DATE OF BURIAL: 4/11 1928

20. UNDERTAKER: W. A. Stock Und Co

ADDRESS: 2117 E. Gr