JUN 9 1930

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

Do not use this space.

15406

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 629
Township — Primary Registration District No. 1001 — Registered No.
City St. Joseph, (No. Woodland Hotel, S.W. Cor. 3rd. & Jule Sts. Ward)

2. FULL NAME Richard T. Bell
(a) Residence. No. S.W. Cor. 3rd. & Jule Sts. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. 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 | Married, |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About year 1880

| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| About 50 | Unk. | Unk | |

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

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

PARENTS
10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Dr B.H. Tadlock, Coroner
(Address) King Hill Bldg St Joseph Mo

15. FILED May 27 1930 John G. Utz
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1930

17. I HEREBY CERTIFY, That I attended deceased from May 25th, 1930, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Chloroform inhaled and Strangulation by attempted hanging at Woodland Hotel (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) none 165
(duration) ...yrs. ...mos. ...ds.

168

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?
(Signed) B.H. Tadlock Coroner, M. D.
5/26 1930 (Address) St Joseph Mo

*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 |
|---|---|
| Lynchburg, Virginia | May 28 1930 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Heaton-Bergale & Bowman | 319 S. 10 St. |

Funeral Home

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.

THIS IS A PERMANENT RECORD