

OCT 30 1930

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

Do not use this space.

30461

1. PLACE OF DEATH

County MaconRegistration District No. 527Township BeverPrimary Registration District No. 5703

City (No.)

St. Ward

2. FULL NAME Robert Bell

(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 (write the word)

M -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

631029

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macon Co(STATE OR COUNTRY) Mo10. NAME OF FATHER John Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't Know12. MAIDEN NAME OF MOTHER Bell Millingham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo14. INFORMANT Mrs Dora Bell(Address) Macon R715. FILED 9/15 1930Dwight Edwards

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1930

17.

HEREBY CERTIFY, That I attended deceased from Sept 15 1930 to Sept 15 1930 that I last saw h. Leased Robert & arrived and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9/15/30
Acute Myocardial Infarction
(duration) instantly yrs. mos. ds.
CONTRIBUTORY Weakness Heart
(SECONDARY) instantly yrs. mos. ds.

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 M Raines, M. D.9/17, 1930 (Address) Macon 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

CatwoodSept 17 1930

20. UNDERTAKER

ADDRESS

Robert SkinnerMacon

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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

