

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

Do not use this space.

38752

File No. 241  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City Flat River (No. \_\_\_\_\_)

Registration District No. 2240  
Primary Registration District No. 66150

**2. FULL NAME** Luciel E. Bell

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>1</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scull, Steel Works  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo.

13. NAME Rabt. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Was.

15. MAIDEN NAME Ella Chamberlain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo.

17. INFORMANT Mrs Della Bell  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wood Lawn DATE 11/13 1931

19. UNDERTAKER Raymond Caldwell  
(ADDRESS) Flat River Mo.

20. FILED Nov 30 1931 W. J. Dugan  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-11-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Nov-11, 1931. I last saw him alive on Nov 11, 1931. Death is said to have occurred on the date stated above, at 1:30 m. The principal cause of death and related causes of importance were as follows:

Acute pulmonary T.B.  
200  
118  
213  
Other contributory causes of importance: Tuberculosis  
1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) H. M. Fleenor, M. D.  
(Address) Deering St

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.

DEC 26 1931

