

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.

JUN 26 1932

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

Do not use this space.

20512

1. PLACE OF DEATH
86 County Putnam Registration District No. 722
Township Richland Primary Registration District No. 5963
City Union (No. 10) St. Union Ward) 1

2. FULL NAME Clisk Bell
(a) Residence, No. 1 St. Union Ward. 1
(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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Bell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10-1848
7. AGE YEARS 84 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co., Mo.
13. NAME Lewis Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT Collier Simmons (ADDRESS) Union, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Haring Cemetery DATE June 23, 1932
19. UNDERTAKER Calvin Bell (ADDRESS) Union, Mo.
20. FILED June 10 1932 W. M. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932
I HEREBY CERTIFY That I attended deceased from June 9, 1932, to June 21, 1932
I last saw him alive on May 28, 1932 Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Diabetes 1
Other contributory causes of importance:
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1932
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) E. J. Montgomery M. D.
(Address) Union, Mo.

