

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.

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 460
 3 Township Deer Primary Registration District No. 4272
 3 City Carroll (No. _____ St. _____ Ward _____)

2. FULL NAME Ray Louis 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.

2098

File No. _____
 Registered No. 3
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>4</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Columbia Mo

MOTHER FATHER

13. NAME R. L. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo.

15. MAIDEN NAME Ida Gustaf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stout Co Mo

17. INFORMANT R. L. Bell (ADDRESS) Carroll, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carroll DATE 1/11 1933

19. UNDERTAKER (ADDRESS) W. A. Braecklin

20. FILED 1-11-1933 Dr. W. A. Braecklin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1932 to 1-9 1933
 I last saw him alive on 1-9 1933 Death is said to have occurred on the date stated above, at 11 o'clock p.m.
 The principal cause of death and related causes of importance were as follows:
12-24-32
Broncho pneumonia
unresorbed
107A
 Other contributory causes of importance 108

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) Ressie Wain _____ M. D.
 (Address) Carroll, Mo.

Date of onset 12-24-32
W. A. Braecklin

Cashed 35.10
Payable 24.00
of which 13.00
Balance 20.00
87.00

Dr. Ralph Jordan
Crown Museum

Verona Golden
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