

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

Do not use this space.

6821

1. PLACE OF DEATH

82 County Dike Registration District No. 690
Township Hartford Primary Registration District No. 5918
City (No. _____) St. _____ Ward _____

2. FULL NAME

Montgomery Lee 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 7 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 (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widower Frank Marshall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 2 16

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Orber (STATE OR COUNTRY) Missouri

13. NAME Jack Bell

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

15. MAIDEN NAME Lucy Bell

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Leora Bell (ADDRESS) Hartford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartford, Mo. DATE Feb-27-1933

19. UNDERTAKER J. W. Kitchens (ADDRESS) Wellsville, Mo.

20. FILED Feb-25-1933 S. Clyde Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24, 1933

22. HEREBY CERTIFY, That I attended deceased from June, 1929, to Feb 24, 1933
I last saw him alive on Feb 19, 1933 Death is said to have occurred on the date stated above, at 10309 m.

The principal cause of death and related causes of importance were as follows:

Senility
107 162
Other contributory causes of importance:

Date of onset

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? _____
If so, specify _____

(Signed) M. Mathews M. D.
Browning (Address) Frank Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

