

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

Do not use this space.

4388

MAR 24 1934

1. PLACE OF DEATH

County Cooper Registration District No. 221
Township Otterville Primary Registration District No. 4134
City Otterville (No.) St. Ward

File No.
Registered No.

12. FULL NAME

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1848

7. AGE YEARS 85 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. habesier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good
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) Gainesville Ohio

FATHER 13. NAME David Beel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainesville Ohio

MOTHER 15. MAIDEN NAME Mary Whitrowed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dout Island

17. INFORMANT Chas E Edwards (ADDRESS) Otterville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville DATE 7/21 1934

19. UNDERTAKER J. L. Spicard (ADDRESS) Otterville Mo

20. FILED 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1934 to 2-19 1934

I last saw him alive on 2-19 1934 Death is said to have occurred on the date stated above, at 1:30 P m.

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

Influenza
Intestinal Infection 7/17/34
Date of onset 7/5-34

Other contributory causes of importance:

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

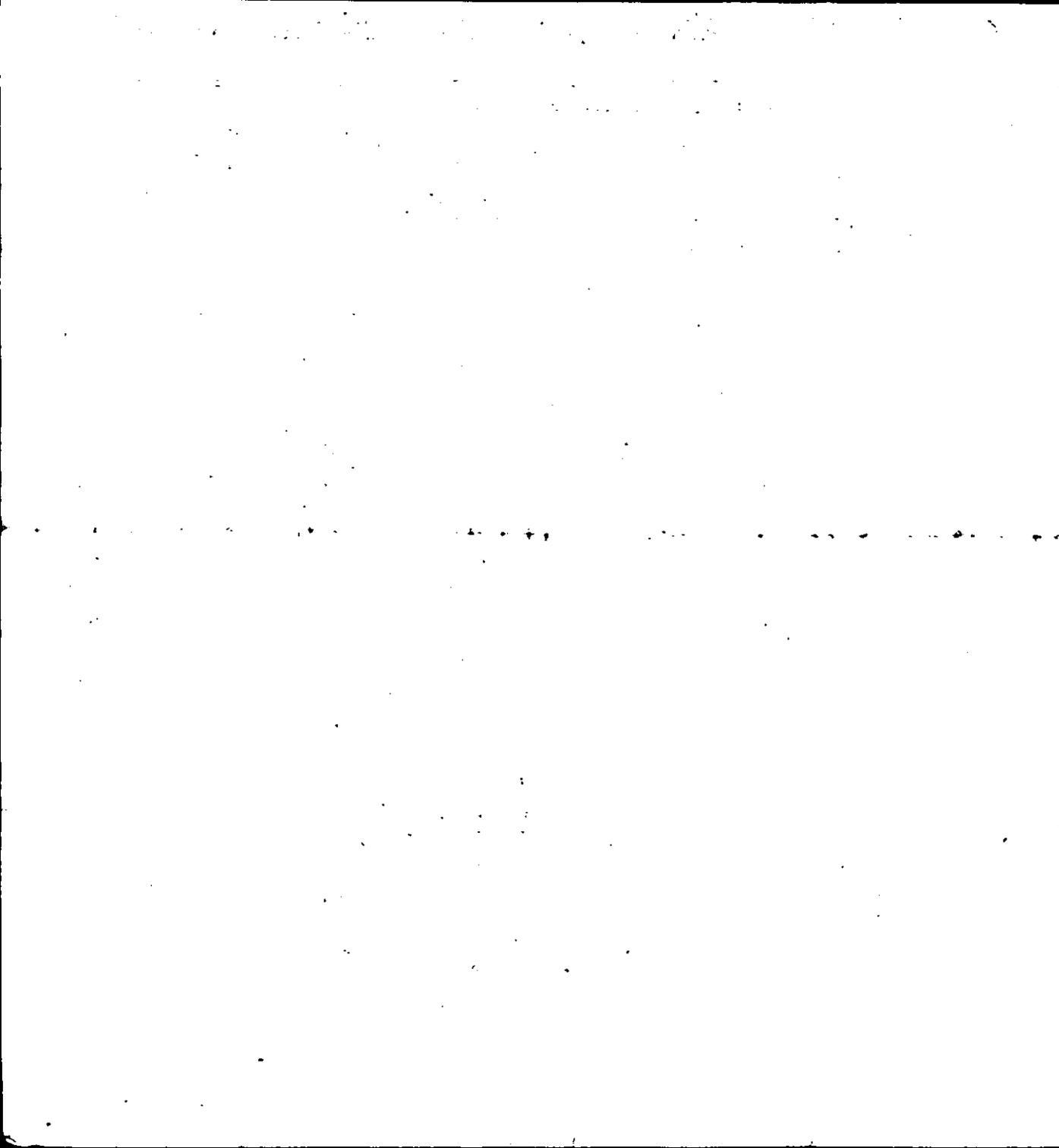
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt H. Fogle M. D.
(Address)

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.



4388

Cooper

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Joseph Bell
Who died at _____ on Feb 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: M

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 11 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Influenza - I think the infection was flu - organ

Other contributory causes of importance: Intestinal Infection

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar) [Signature] Date filed 1/23/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 221

Primary Reg. Dist. No. 4134

Dr. E. T. Mc Gaugh
Special Agent. *J. B.*

S-4388