

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.

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Howard

Township

City Fayette

(No. _____)

Registration District No. 378

Primary Registration District No. 4222

File No. 32634

Registered No. 62

St. _____

Ward _____

2. FULL NAME William Ira Bell

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 (write the word)
Widowed

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

Annie Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4th 1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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

Farmer retired

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)

Virginia

FATHER
MOTHER

13. NAME Ira Bell

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

Virginia

15. MAIDEN NAME Pernettia Gilbert

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

Virginia

17. INFORMANT W. I. Bell, Jr
(ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery

DATE 9/4/1934

19. UNDERTAKER Guy T. Halley
(ADDRESS) Fayette, Mo.

20. FILED Sep 8 1934 V. C. Bonham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 13, 1934, to Sept 3, 1934

I last saw him alive on Sept 3, 1934. Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Malnutrition

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