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

FEB 18 1935

Do not use this space.

66

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township Salt River — Primary Registration District No. 3002
City Mexico Mo (No. ..... St. ..... Ward) — File No. ..... Registered No. 19

2. FULL NAME Windell Eugene Bell

(a) Residence, No. 645 E Ford St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/5/1934

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	23	

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

FATHER
13. NAME Elmer Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

MOTHER
15. MAIDEN NAME Anna Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Mo

17. INFORMANT (ADDRESS) Mr & Mrs Bell Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico Mo DATE 1/29/ 1935

19. UNDERTAKER (ADDRESS) A. Rensselaer Mexico Mo

20. FILED 1-29- 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-22- 1935, to 1-28- 1935
I last saw h— alive on 1-28- 1935. Death is said to have occurred on the date stated above, at 6 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Pertussis	

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) N. J. Eaton, M. D.
(Address) Mexico, 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