

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.

FEB 27 1935

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

Do not use this space.

2377

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. St. Ward)

Registration District No. 168
Primary Registration District No. 3032

File No. 20
Registered No. 668

2. FULL NAME

Charles E Bell

(a) Residence, No. 308 W Cooper 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 <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 1934</u>		
7. AGE	YEARS	MONTHS
		<u>7</u>
		DAYS
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) <u>X</u>		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) <u>Sedalia</u> (STATE OR COUNTRY) <u>Pettis Mo</u>		
13. NAME <u>Sherman Bell</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Sedalia</u> (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Engenia Shirley</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Boonville</u> (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Sherman Bell</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Pleasant</u> DATE <u>Jan 14</u> 19 <u>35</u>		
19. UNDERTAKER <u>F. G. Ferguson</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>1-15-</u> 19 <u>35</u> <u>Jean Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1935, to 1/12 1935

I last saw him alive on 1/12 1935. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Date of onset: 1/3-35

Other contributory causes of importance:
Exposure

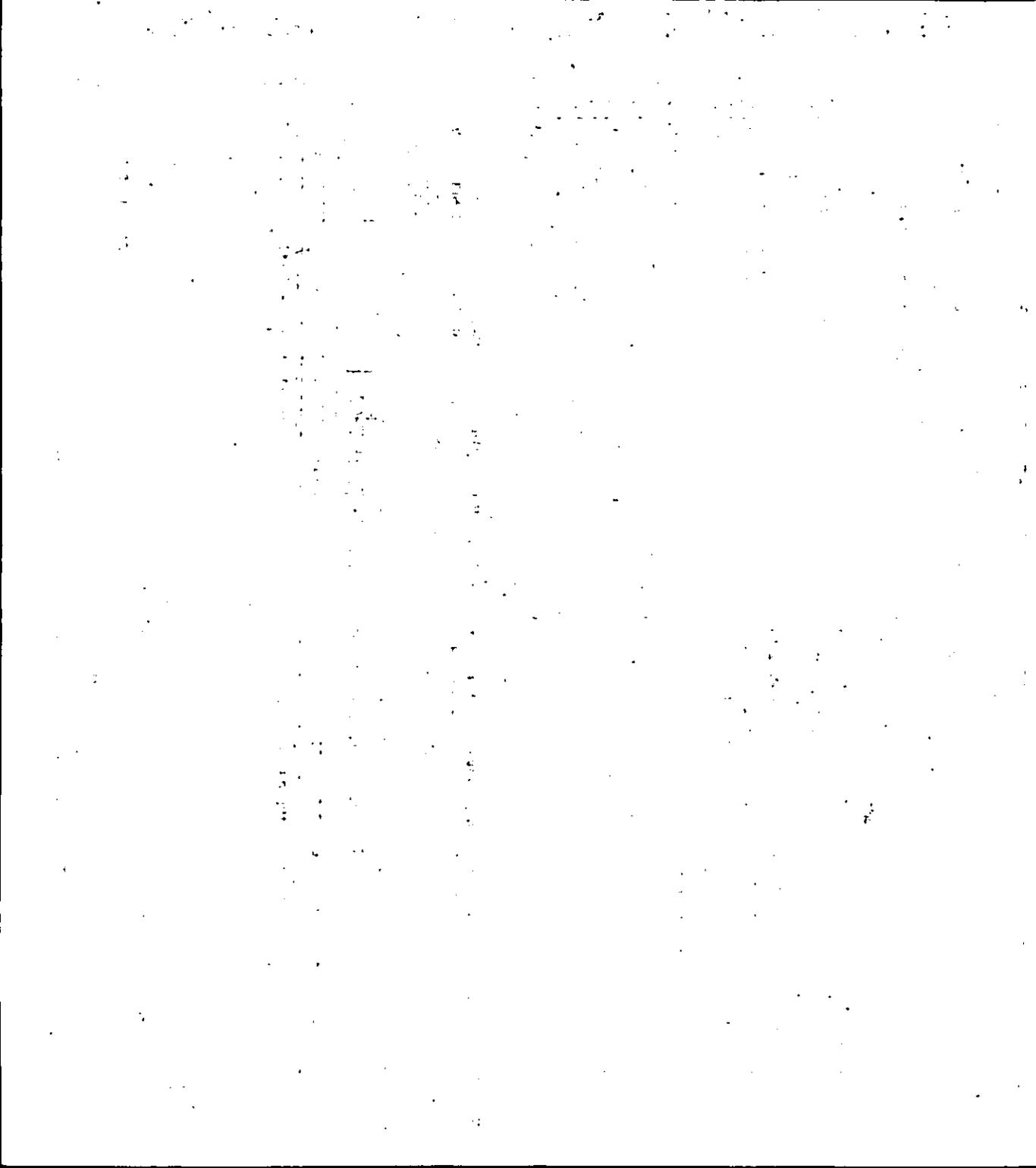
Name of operation..... Date of.....

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) H. P. Danner M. D.
(Address) Sedalia Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township.....
City..... (No.)

Registration District No. 668
Primary Registration District No. 5032

File No.....
Registered No..... St. Ward)

2. FULL NAME

Charles E 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1935

22. I HEREBY CERTIFY, that I attended deceased from

....., 19....., to....., 19.....

I last saw..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

107th
Bronchial pneumonia

Date of onset

Other contributory causes of importance:
no other complications

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. D.

(Address).....

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

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

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

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.

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1-15, 1935 Gene Slack Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-2377