

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

Do not use this space.  
✓  
**15355**

1. PLACE OF DEATH

**JUN 5 1935**

County Texas  
Township Current  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 8.66  
Primary Registration District No. 6146

File No. ....  
Registered No. 4

2. FULL NAME

James Bell

(a) Residence, No. Country St. .... Ward. ....  
(Usual place of abode) home

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known as known 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
79 not known not known

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FF  
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation not known

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

FATHER 13. NAME James Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) J. E. Cox Cedar Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE April 6 1935

19. UNDERTAKER (ADDRESS) neighbors

20. FILED 4-26-35 maggie E murfin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... 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:

Blood poison

Other contributory causes of importance: 54

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

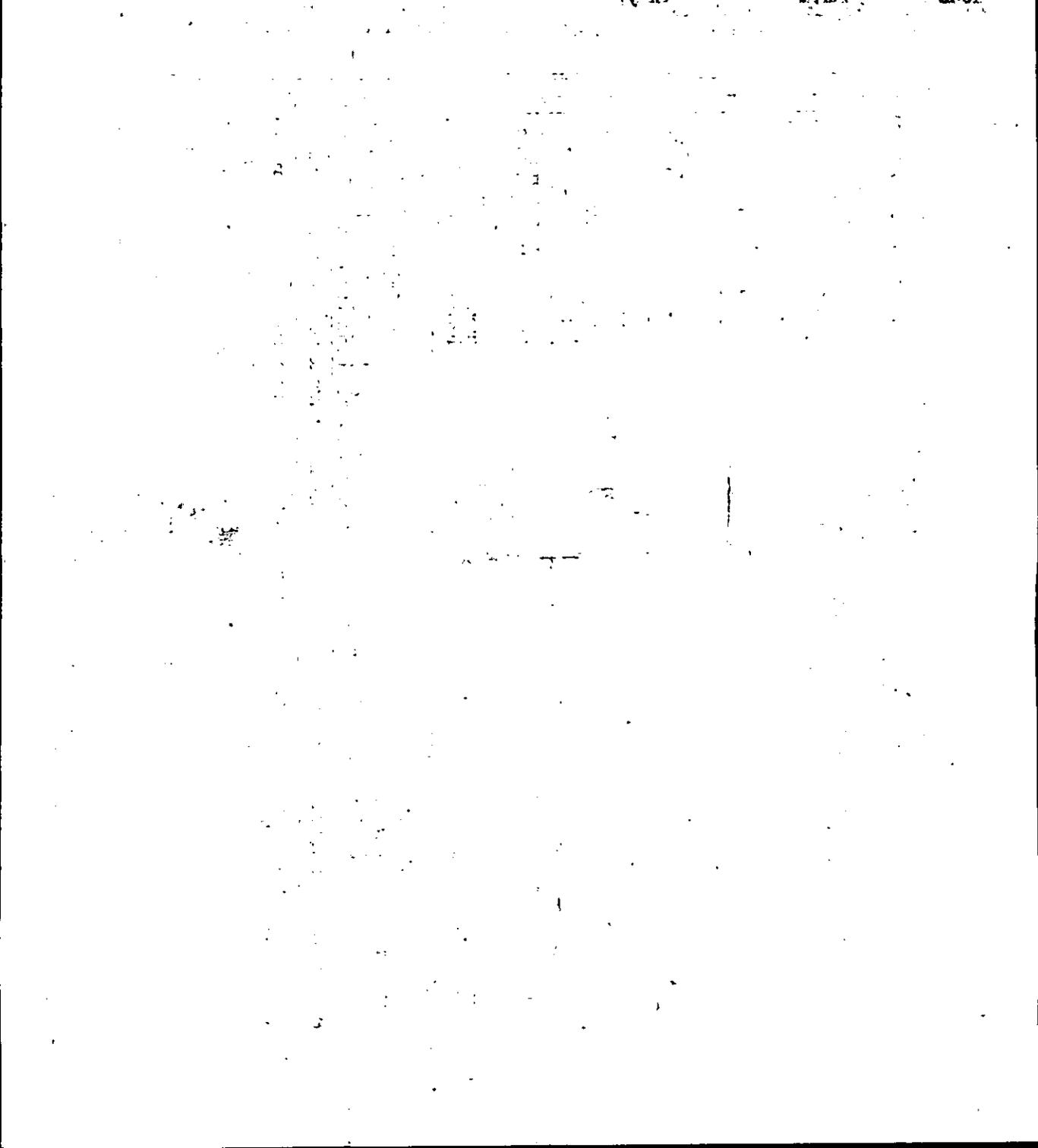
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify L. H. Walker M. D.  
(Signed) L. H. Walker M. D.  
(Address) Meriville, 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.

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Texas  
Township Academy  
City Jamez (No.         )

Registration District No. 866  
Primary Registration District No. 6146

File No.           
Registered No.           
St.          Ward         

**2. FULL NAME**

Jamez Bell

(a) Residence No.          St.          Ward           
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D (write the word)

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. 79

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.           
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)         

FATHER 13. NAME         

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

MOTHER 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 1-26-36 Maggie E. Murphy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 2 1935, 19        

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        

I last saw him          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:

Blood Poison

Date of onset         

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,          Date of injury March 19, 36

Where did injury occur? Cedar Grove, Texas Co  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury scratch

Nature of injury         

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

If so, specify         

(Signed)         , M. D.

(Address)         

SUPERINTENDENT

Exact statement of OCCUPATION is very important.

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