OCT 25 1935

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

Do not use this space.

30125

1. PLACE OF DEATH
County Mercer
Registration District No. 556
File No.
Township Ravanna
Primary Registration District No. 5751
Registered No. 41
City (No. St. Ward)

2. FULL NAME William Glenda Bell

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 1858
7. AGE: Years 77, Months 6, Days 23. If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Conductor
10. Date deceased last worked at this occupation (month and year): Farmer
11. Total time (years) spent in this occupation

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

FATHER
13. NAME: Bell (unknown)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Trail
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT: Lee Vona Bell Fulton
(ADDRESS): Tulsa Okla

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ravanna DATE 19

19. UNDERTAKER: Martin Funeral Home
(ADDRESS): Princeton

20. FILED 9/14 1935 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1935, to Sept 13 1935
I last saw him alive on Sept 13 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows: Cardio-vascular-renal disease with special reference to the cardiac failure. (auricular fibrillation) — Date of onset: Unknown
Other contributory causes of importance: Mitral regurgitation

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Name of operation: None Date of
What test confirmed diagnosis? Phys & Lab. studies Was there an autopsy? No

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? No.
If so, specify
(Signed) A. B. Bristow, M. D.
9/13-35 (Address) Princeton, 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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