

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.

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

Do not use this space.

FEB 18 1936

424

1. PLACE OF DEATH
 County..... Callaway Registration District No. 104
 Township..... Fulton Primary Registration District No. 3008
 City..... Fulton (No) St. _____ Ward _____

2. FULL NAME Joseph J. Bell
 (a) Residence, No. 831 State 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12-1859
 7. AGE YEARS 76 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
 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) Louisiana, Missouri
 FATHER 13. NAME AK.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AK.
 MOTHER 15. MAIDEN NAME AK.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AK.
 17. INFORMANT Mrs. Carrie Bell
 (ADDRESS) Fulton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo DATE Jan. 28 36
 19. UNDERTAKER Ellis Bell
 (ADDRESS) Fulton Mo
 20. FILED Jan 27 1936 A. N. Crews
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1936
 22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1936, to Jan 26, 1936
 Last saw him alive on Jan 25, 1936 Death is said to have occurred on the date stated above, at 12:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis with a chronic myocardia
 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, 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. N. Crews, M. D.
 (Address) Fulton Mo

