

NOV 23 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37042

1. PLACE OF DEATH

County Cedar
 Township Lynn
 City Stoughton, Mo. (No. _____, _____, _____)

Registration District No. 165
 Primary Registration District No. 5981

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. George Lafayette Bell 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEmma Jane Bell

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

Dec. 25, 1859

7. AGE

YEARS

76

MONTHS

11

DAYS

17

If LESS than 1
 day, _____ hrs.
 or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Gasconade Co., Mo.

13. NAME

Gas. Franklin Bell

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

Gasconade Co., Mo.

15. MAIDEN NAME

Virginia Triplett

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

Harrison Co., Mo.

17. INFORMANT (ADDRESS)

Mrs. J. L. Bell, Stoughton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem. DATE Oct. 13, 1936

19. UNDERTAKER (ADDRESS)

J. W. Ward, Greenfield, Mo.

20. FILED

19. _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Oct. 12, 1936

I last saw him alive on Oct. 11, 1936 Death is saidto have occurred on the date stated above, at 8 A. m.

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

Myocardial degeneration
Cardiac dropsy

Date of onset

1934

Other contributory causes of importance

Name of operation none Date of _____What test confirmed diagnosis? _____ 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.

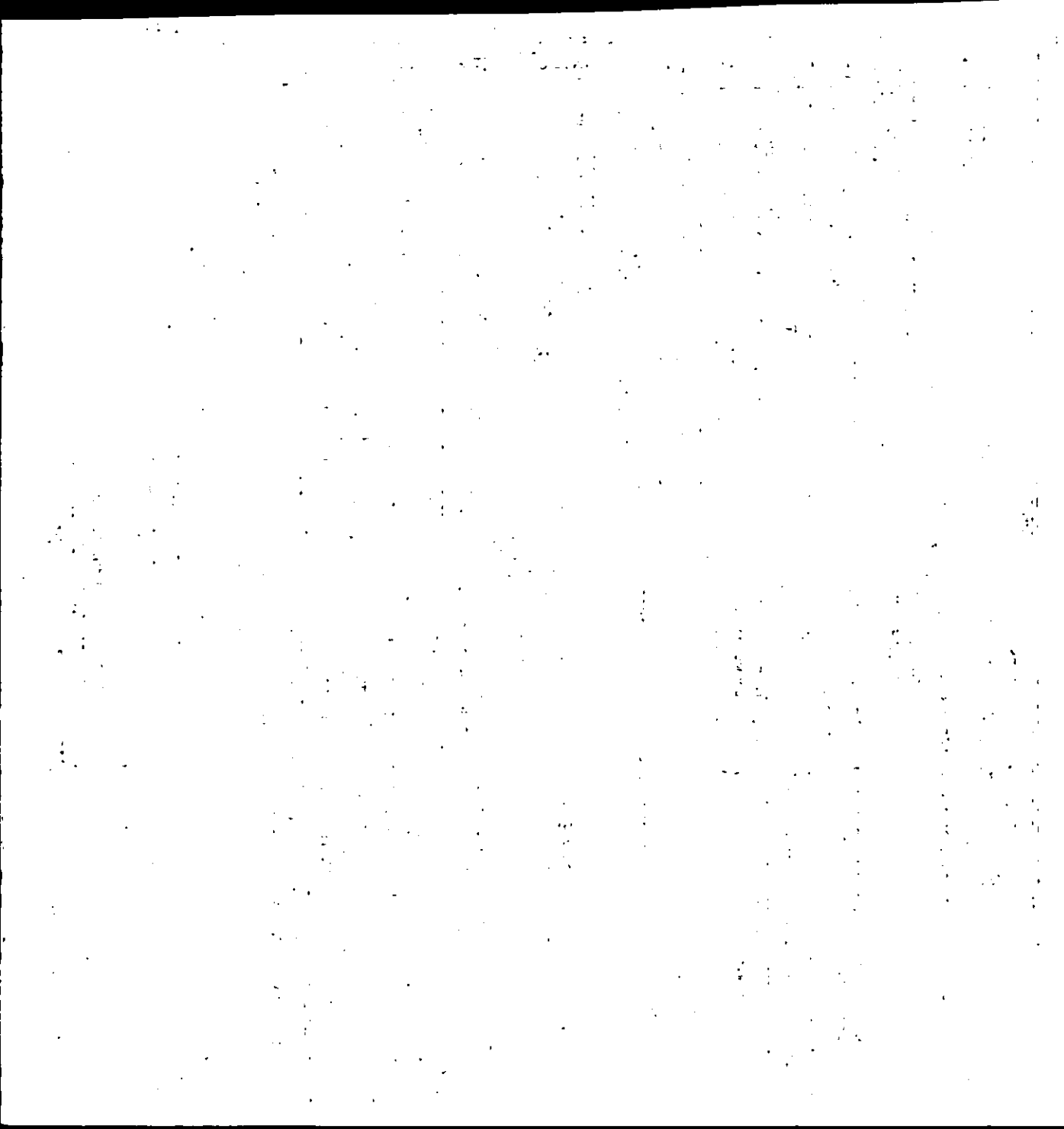
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) J. H. LePore, M. D.(Address) Stoughton, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Linn
City _____ (No. _____)

Registration District No. 165-
Primary Registration District No. 3231

File No. Oct 13-1936
Registered No. 191
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. George Lafayette Bell 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 (write the word) m

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.
76 11 17

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) _____ 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 Oct 13 1936 Mr. H. G. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1936

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

I last saw h. _____ 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:

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? _____

If so, specify _____

(Signed) J. H. de Perre, M. D.

(Address) Stockton

5-37042