

DEC 3 1936

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

Do not use this space.

38672

## 1. PLACE OF DEATH

 County Pike  
 Township Ashley  
 City Atto (No. 1)

 Registration District No. 683  
 Primary Registration District No. 4407

 File No. 11  
 Registered No. 11  
 St. 11 Ward 11

## 2. FULL NAME

(a) Residence, No. Charles Robert Bell St. 11 Ward 11

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/1/36
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34

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

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

 10. Date deceased last worked at this occupation (month and year) L

 11. Total time (years) spent in this occupation L

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

 13. NAME Herman L. Bell

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

 15. MAIDEN NAME Sallie M. Parsons

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

 17. INFORMANT (ADDRESS) Herman L. Bell  
Ashley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

 PLACE Ashley DATE 10/7 1936

 19. UNDERTAKER (ADDRESS) None

 20. FILED Oct. 7 1936 R. W. Hetherington  
Registrar

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1/36 1936

 22. I HEREBY CERTIFY, That I attended deceased from 10/1 1936 to 10/6 1936

 I last saw him alive on 10/5 1936 Death is said

 to have occurred on the date stated above, at 9 am.

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

Bronchial Pneumonia

 Date of onset 10/4/36

 Other contributory causes of importance: 10/4/36

 Name of operation L Date of 10/4/36

 What test confirmed diagnosis? L Was there an autopsy? L

23. If death was due to external causes (violence), fill in also the following:

 Accident, suicide, or homicide? L Date of injury L 1936

 Where did injury occur? L (Specify city or town, county, and State)

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

 Manner of injury L

 Nature of injury L

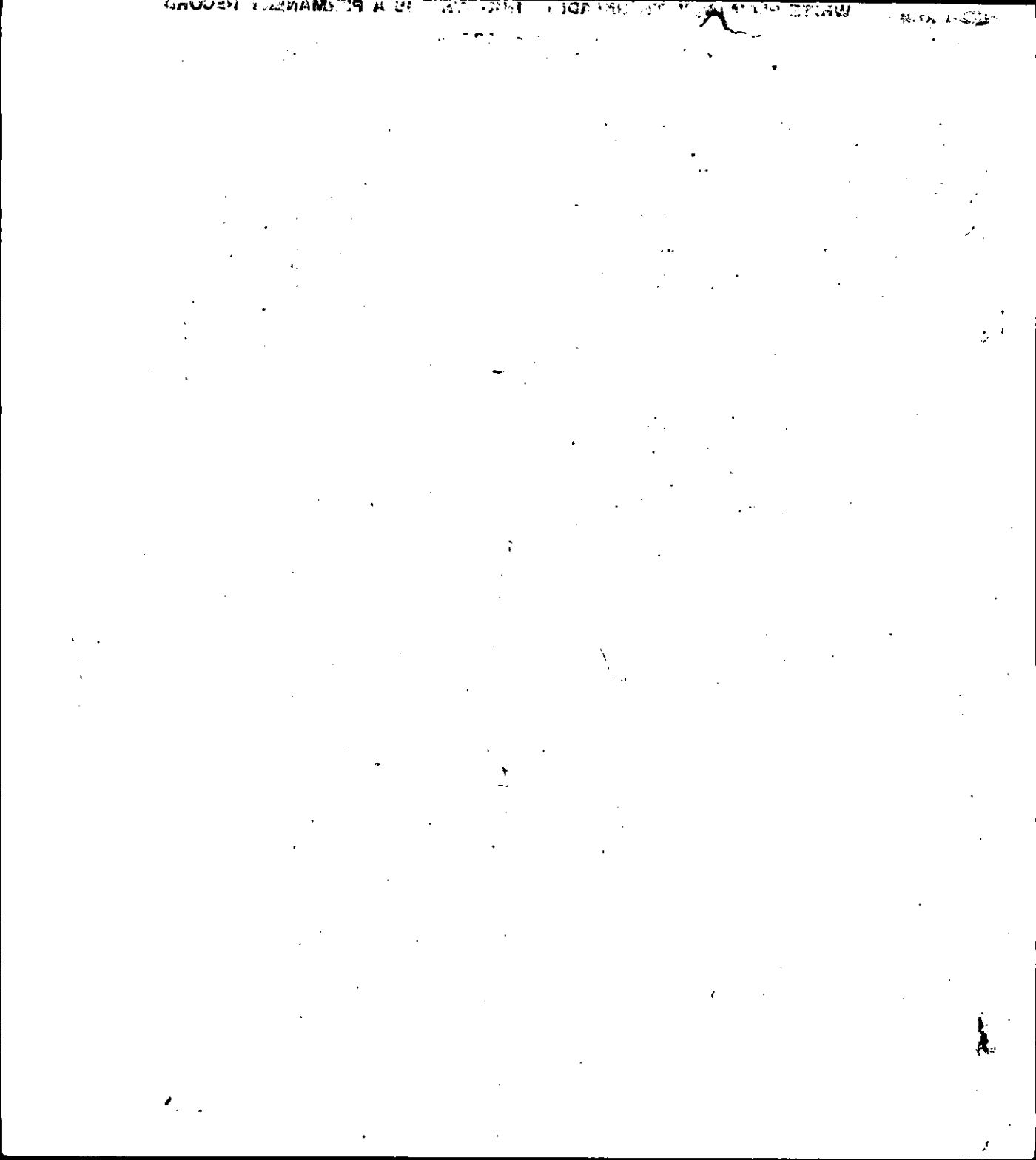
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

 (Signed) J. H. Mathews  
 (Address) Bowling Green Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

## 1. PLACE OF DEATH

County Polk  
Township Ashtley  
City Ashtley (No. \_\_\_\_\_)

Registration District No. 683  
Primary Registration District No. 4407

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/1/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 4

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)

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 7 1936 R. W. Hetherlin Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6 1936

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:

Bronchial Pneumonia Date of onset \_\_\_\_\_

No. His mother had a cold when he was born.

Other contributory causes of importance:

It was not premature

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) F. M. Matthews M. D.

(Address) Bowling Green Mo

5-38472