

APR 29 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County SullivanTownship PennCity Green City

(No. ....)

Registration District No. 849Primary Registration District No. 4615

File No. ....

Registered No. 48

St. ....

Ward) ....

2. FULL NAME George 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. ....

## 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 OFLotta Bell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1847

## 7. AGE

YEARS

89

MONTHS

11

DAYS

16

If LESS than 1

day, .... hrs. ....

or .... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Civil War Veteran9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.retired farmer10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE (CITY OR TOWN) Davis Co. Missouri  
(STATE OR COUNTRY)

## 13. NAME

Josephus Bell

FATHER

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

MOTHER

## 15. MAIDEN NAME

Julia Ann Withrow

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio17. INFORMANT Mrs. George Bell

(ADDRESS)

Green City, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Green City Cem. DATE March 25 3719. UNDERTAKER Glenn E. Kent

(ADDRESS)

Green City, Missouri

## 20. FILED

7-81937 Virginia Gibson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

1-11, 1937, to 3-22, 1937I last saw him alive on 3-21, 1937. Death is saidto have occurred on the date stated above, at 3:00 p.m.

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

Septicemia  
Tuberculosis  
Chronic Interstitial  
Nephritis & Prostatic

Date of onset

3-17-37

## Other contributory causes of importance:

Name of operation .....

Date of .....

What test confirmed diagnosis? Medical 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) V. E. Schum

M. D.

(Address) Green City, Mo.

