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.

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

43 County Jackson — Registration District No. 404 — File No. 20335

Township Washington — Primary Registration District No. 5558 — Registered No. 37

City ~~Kansas City, Mo.~~ (No. 8017 Walrond 2 St. Ward)

2. FULL NAME Virgil L. Bell

(a) Residence, No. 8017 Walrond 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virgie May Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1906

7. AGE: Years 30 — Months 5 — 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.: Laborer
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): Oklahoma

FATHER

13. NAME: Frank Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

MOTHER

15. MAIDEN NAME: Josie Stanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Virgie May Bell, 8017 Walrond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park K.C. Mo. DATE June 10 1937

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 6-8- 1937 Mrs Jos T. Brennan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to June 8, 1937

I last saw him alive on June 8, 1937. Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Lobar Pneumonia — Date of onset 6-4-37

Other contributory causes of importance:

108

Name of operation ..... 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) Geo. Jones, M. D.

(Address) 80th & Paseo

Dr. George Jones
804 Pacho
(Wed. from 2-5)