

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 28 1937

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

Do not use this space.

21052

13

1. PLACE OF DEATH

County Putnam
Township Elm
City (No.)

Registration District No. 719
Primary Registration District No. 5850

File No. 21052
Registered No. 13
St. Ward

2. FULL NAME

Joseph M. Bell

(a) Residence No. 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1904

7. AGE YEARS 83 MONTHS 3 DAYS 12
If LESS than 1 day, hrs. or min.

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. Farm

10. Date deceased last worked at this occupation (month and year) Dec 1, 1936
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Putnam Co MO
(STATE OR COUNTRY)

13. NAME Lewis Bell

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT The Mamie Ferrand
(ADDRESS) Harrison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedford Cemetery DATE May 23, 1937

19. UNDERTAKER Camstock Munc Co
(ADDRESS) Unionville Mo

20. FILED June 5, 1937 Dr C P Thomas
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 10:24 a.m.

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

Cardiovascular disease, mixed Valvular with stenosis

Other contributory causes of importance: Enlarged prostate, simple hypertrophy

Name of operation none Date of operation ?

What test confirmed diagnosis? Phys. 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) Dr. M. W. Gillman, M. D.

(Address) Unionville Mo

