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JUL 29 1937

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

Do not use this space.

File No. 24087

Registered No.

1. PLACE OF DEATH
County Lyon
Township Lyon
City (No. St. Ward)

Registration District No. 443
Primary Registration District No. 5601 B

2. FULL NAME John William 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	8	9	

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Missouri

FATHER
13. NAME James Bell 2nd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sarah Cody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Eva Bell Hurdland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurdland Mo DATE June 28 1937

19. UNDERTAKER Geo B Cooley
(ADDRESS) Hurdland Mo

20. FILED Jan 24, 1937 Geo B Cooley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to June 23, 1937
I last saw him alive on June 19, 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6-23-37
Other contributory causes of importance:	
Cardio-vascular-renal Disease	Unknown

Name of operation Date of
What test confirmed diagnosis? Phys Exam. 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? No
If so, specify
(Signed) W. L. Landfather M.D.
(Address) Edina, Mo.

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.