

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

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41614
Do not use this space.

DEC 20 1937

1. PLACE OF DEATH
 (a) County Gasper Registration District No. 411
 (b) Township Goplin Primary Registration District No. 2002 Registered No. _____
 (c) City _____ (d) Street No. 816 Hill _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Allen Bell
 (a) Residence, No. 816 Hill St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosal Bell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1892
 7. AGE YEARS 45 MONTHS 4 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Poster
 9. Industry or business in which work was done, as saw mill, bank, etc. Theater
 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) York Mo
 FATHER 13. NAME Alfred Bell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
 MOTHER 15. MAIDEN NAME Nancy Woolard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Ruben Lightner Goplin Mo
 18. BURIAL, CREMATION, OR REMOVAL Partway Cem. 12-3-37
 19. FUNERAL DIRECTOR (ADDRESS) J. H. Lightner Goplin Mo
 20. FILED 12-1-37 J. S. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1937
 22. I HEREBY CERTIFY, That I attended deceased from 9/30/37, 19____, to 11/29/37, 19____
 I last saw deceased alive on 11/29/37, 19____. Death is said to have occurred on the date stated above, at 8-PM.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Myocardial Infarction
 Date of onset 11/29/37
 Other contributory causes of importance: 22
 Name of operation None 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 _____
 Was disease or injury in any way related to occupation of deceased? _____, specify _____
 (Signed) J. S. James, M. D.
 (Address) 106 N. Madison Goplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)