

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

REC'D FEB 28 1939

1. PLACE OF DEATH

County Texas
Township Jackson
City Has (No. 1)

Registration District No. 1121
Primary Registration District No. 6145

File No. 4157
Registered No. _____

2. FULL NAME

Daniel Lemuel 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hra. or min.
65 - 6 - 8

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheeps Co. Mo.

13. NAME Isaac E. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Jane Hensley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Ell Bell (ADDRESS) Raymondville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cem. DATE Jan. 5th 1939

19. UNDERTAKER Neighbors (ADDRESS) Raymondville Mo.

20. FILED Jan 5, 1939 L. O. Sara Gregor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Raymondville 1939

I last saw deceased alive on Jan. 4, 1939 Death is said

to have occurred on the date stated above, at about 10 A.M.

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

supposed heart failure Date of onset _____

Other contributory causes of importance: 2 D D W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? Yes

If so, specify _____

(Signed) J. W. Warrack (Address) Houston, Mo.

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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.

