

SEP 23 1940

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

29022  
Do not use this space.

1. PLACE OF DEATH

(a) County Mc Donnell 2 Registration District No. 518 45-01  
(b) Township Anderson Primary Registration District No. 5-6-94  
(c) City Anderson (d) Street No. \_\_\_\_\_  
(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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

2. PRINT FULL NAME

Tyra Farnest Bell  
(a) Residence, No. Anderson new St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 7 \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe store  
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME John Thano Bell

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

MOTHER 15. MAIDEN NAME Nannie E. Land

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

17. INFORMANT (ADDRESS) T. C. Bell  
Joseph No 411 W. Boyd

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE July 15 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph & Son  
Whitson No

20. FILED 7-15 1940 Mr Lee Harper (mls) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1940

22. I HEREBY CERTIFY That I attended deceased from 1937 19\_\_\_\_ to July 13 1940 19\_\_\_\_  
I last saw him alive on July 13 1940 Death is said to have occurred on the date stated above, at 10:22 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Date of onset 1937

Other contributory causes of importance: 941

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) S. B. Brock M. D.  
(Address) Anderson Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

30-5475-25 I X1603

RECEIVED

District Health Officer No. 6,

District File Number 940-2530

Date Filed SEP SEP 05 1910

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

Wm. Morris Payne  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed Wm. Morris Payne

Licensed Embalmer No. 3444

P. O. Address Wheaton Md

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

If this body is not embalmed, above space should be left blank.