

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

29866

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 831
(b) Township Black Creek Primary Registration District No. 6092
(c) City Shelbyville (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 400 Zacharias Bell St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Bell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 9 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Shelby Co. Mo

FATHER 13. NAME Harrison Bell

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

MOTHER 15. MAIDEN NAME Mary Magruder

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

17. INFORMANT (ADDRESS) Mrs Jesse Woods
Shelbyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. Cemetery DATE July 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson
Shelbyville Mo

20. FILED July 4 1940 Pearl Goetz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 30 1940 to Jan 4 1940

last saw him alive on Jan 3 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
typhoid fever? about Jan 28

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) J. J. Dever M. D.

(Address) Shelbyville Mo

RECEIVED

District Health Officer No. 10

District File Number 7-40-1490

Date Filed JUL 24 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Ky.

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.