

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

Do not use this space.

11794

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.

1. PLACE OF DEATH
 County Bell Registration District No. 664
 Township Green Ridge Primary Registration District No. 5882
 City Windsor (No.) St. Ward

2. FULL NAME Robert Bruce Bell

(a) Residence. No. St. Ward
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Laff Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Cetty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

DATE OF DEATH (MONTH, DAY AND YEAR) March 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929, to Nov 15, 1929
 that I last saw him alive on Nov 15, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
He was on left side of cabinet.

CONTRIBUTORY (SECONDARY) 7401
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. D. H. D.
3/15, 1929 (Address) Windsor Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Virgil Bell DATE OF BURIAL 3/17 1929
 (Address) Windsor Mo.

15. FILED April 17, 1929 G. B. Shelby REGISTRAR
Windsor Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo.

20. UNDERTAKER L. C. Roof ADDRESS Windsor Mo.

28
1929
31
31

