

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

Do not use this space.

1. PLACE OF DEATH

County Jenny
Township Calhoun
City Calhoun (No.)

Registration District No. 349
Primary Registration District No. 4207

File No. 16358
Registered No. 10
St. Ward

2. FULL NAME

Oliver Bell

(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
82 6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 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) West Va.

10. NAME OF FATHER Samuel Bell

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

12. MAIDEN NAME OF MOTHER Kimmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Ollie M. C. Bethune
(Address) Calhoun Mo.

15. FILED 5-24-33 Mrs. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1932, 1932, to May 22, 1933 that I last saw him alive on May 24, 1933, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
3/31 (duration) 2 yrs. mos. da.
CONTRIBUTORY Do not know
(SECONDARY) (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) H. P. Ballard, M. D.
, 19 (Address) Calhoun

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun DATE OF BURIAL May 24 1933

20. UNDERTAKER J. R. Housley Calhoun Mo.
ADDRESS

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.

JUN 26 1933

THIS IS A PERMANENT RECORD

