

JAN 14 1935

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

Do not use this space.

42034

1. PLACE OF DEATH

County St. Joseph, Registration District No. 85
Township 1001, Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital), St. 1 Ward 1

2. FULL NAME Wiley Payne Bell

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

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1863

7. AGE YEARS 63 MONTHS 3 DAYS 29 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) 10-20-1924 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Clinton County, Missouri
(STATE OR COUNTRY)

13. NAME William F. Bell

14. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca White

16. BIRTHPLACE (CITY OR TOWN) Clinton County, Missouri
(STATE OR COUNTRY)

17. INFORMANT Thomas Bell
(ADDRESS) 1001 1/2 St. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Mo. DATE Dec 15th 1934

19. UNDERTAKER W. H. Bell & Co. - Bourmont
(ADDRESS) 1001 1/2 St. St. Joseph

20. FILED 12-14, 1934 John K. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 11th, 1934, to Dec 13th, 1934

I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 9:25 p.m.

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

Gross Site
90

Date of onset 12/8/34

Other contributory causes of importance: Pneumonia (bacterial) 12/12/34

Name of operation 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) W. H. Bell, M. D.
(Address) St. Joseph Mo

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

