

REC'D JUN 7 1938

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

19198
 Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 647
 (b) ~~Phelps~~ Rubela Hospital Primary Registration District No. 4403
 (c) City Quella, Mo. (d) Street No. _____ St.
 (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

John Anderson Bell 476
 (a) Residence, No. St. James, Missouri Route #1 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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 0

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

FATHER 13. NAME Anderson Conway Bell

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Emory Bell St. James, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Asher Cem. DATE ✓ 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kenyon & Jones St. James, Mo.

20. FILED _____ 19 _____ Local Registrar. ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to May 28, 1938

I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 7:50 a. m.

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

Cardiac Decompensation
15/32

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Chinist 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) William H. Brewer, M. D.

(Address) St. James, Mo
G. P. B.

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

Licensed Embalmer No.

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

19198
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1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Primary Registration District No. 4403 Registered No. 102
(c) City Pella (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

John Anderson Bell
(a) Residence, No. St. (If nonresident, give city or town and State)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1884

7. AGE YEARS 84 MONTHS 10 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Phelps County Missouri (STATE OR COUNTRY)

FATHER 13. NAME Anderson Oranay Bell

14. BIRTHPLACE (CITY OR TOWN) Seneca Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anderson

16. BIRTHPLACE (CITY OR TOWN) Seneca Mo. (STATE OR COUNTRY)

17. INFORMANT Emma Bell (ADDRESS) St James Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Asher Cem DATE May 30 1938

19. FUNERAL DIRECTOR Geney + Jones (ADDRESS) St James Mo.

20. FILED Aug 8 1938 Joe. F. Ayers Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25 to May 28, 1938
I last saw h. alive on May 28, 1938. 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:

Cardiac Decomposition Date of onset
Hypertension
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 William H. Freeman (Signed) St James Mo. (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

