OCT 22 1928

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

Do not use this space.

29775

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1084

City St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME William Lavenda Bell

(a) Residence. No. St., Ward. Kidder, 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 13, 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
13	9	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work In School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

19 4 B
1 5 B
91

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kidder, Mo.

PARENTS

10. NAME OF FATHER Loren Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kidder, Mo.

12. MAIDEN NAME OF MOTHER Octa McMillin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fairport, Mo.

14. INFORMANT Loren Bell
(Address) Kidder, Mo.

15. FILED SEP 14 1928 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 13, 1928, that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 2.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic Infection
Cellulitis & Perostitis left ankle
& leg Septic Endocarditis
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Wound Puncture leg by Snag while Swimming (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED Caldwell Co Mo.

IF NOT AT PLACE OF DEATH?

2 184

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 12 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jacob Geiger, M. D

Sept 14, 1928 (Address) Kirkpatrick Bldg. St. Jos. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cameron, Missouri

DATE OF BURIAL: Sept, 15, 1928

20. UNDERTAKER: Walter Meinhoffer

ADDRESS: 1302 Faraon St.

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 PAPER, WITH UNFADING INKLETHIS IS A PERMANENT RECORD