

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

Do not use this space.

30323

1. PLACE OF DEATH

County Johnson
Township Warrensburg,
City Warrensburg, (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.

2. FULL NAME Finis 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. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olema Bell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 16, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>3</u>	<u>3</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS	10. NAME OF FATHER <u>Wm L Bell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth McCarty</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown,</u>

14. INFORMANT Mrs Lena Newkirk
(Address) Warrensburg

15. FILED Sep 15 1930 Wm R. Tallison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930, to Sep 4, 1930 that I last saw him alive on Aug 3, 1930, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurgitation
92A

same year

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Edema of leg & leg

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. J. Schlegel, M.D.

Sys, 1930 (Address) Warrensburg 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

Kansas City, Kansas

DATE OF BURIAL

9/8/30

20. UNDERTAKER

S. R. Sweeney, Warrensburg

ADDRESS

N. B.—Every item on this certificate should be stated EXACTLY as classified. Exact statement of OCCUPATION should be carefully classified. CAUSE OF DEATH in plain terms, so that it may be

