WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County ADAIR — Registration District No. 4 — File No. 38416
Township Benton — Primary Registration District No. 5005 — Registered No. 179
City KIRKSVILLE MO (No. R. R. 6 St. Ward)

2. FULL NAME SAMUEL FRANKLIN BELL
(a) Residence. No. R. R. KIRKSVILLE MO 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL 27th 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) STOCK & GRAIN
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ILL

PARENTS
10. NAME OF FATHER JOHN D BELL
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKEY
12. MAIDEN NAME OF MOTHER NANCIE PENNINGHTON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKEY

14. INFORMANT Dr John H Bell
(Address) KIRKSVILLE MO

15. FILED 12/26 1930 Mrs C H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Dec 14, 1930 that I last saw him alive on Dec 14, 1930 and that death occurred, on the date stated above, at about 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis
10 7 8
97
11
about (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia from Oct 25 to Nov 4, 1930 (duration) yrs. mos. ds.

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? Physical Examination
(Signed) J. W. Martin M. D.
12/1930 (Address) Kirksville 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: OWNYB CEMETERY — DATE OF BURIAL: 12-20 1930

20. UNDERTAKER: Davis & Wilson — ADDRESS: Kirksville