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.

APR 23 1931

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

Do not use this space.

1. PLACE OF DEATH
County: Jasper — Registration District No. 408 — File No. 10341
Township: — Primary Registration District No. 3020 — Registered No.
City: Carthage (No. 1186 Grand Ave. St. Ward)

2. FULL NAME: William Everett Bell
(a) Residence. No. 1186 Grand Ave. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth B. Bell
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 18-1860
7. AGE: Years 70, Months 7, Days 4 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ret Realistate
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgetown Ky
10. NAME OF FATHER: Wm E Bell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Emily Swan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Galena Ill.
14. INFORMANT: Mrs. W E Bell (Address) Carthage Mo.
15. FILED 3/23 1931 E H Hitchcock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 22 1931
17. I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 22, 1931, that I last saw him alive on March 22, 1931, and that death occurred, on the date stated above, at 12:40 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Carcinoma (Scirrous type)
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): age
(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? Clinical
(Signed) E D Hatcher, M. D
, 19 (Address) 338 Grant, Carthage 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: St Louis Mo. — DATE OF BURIAL: 3-23 1931
20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage