WRITE PLAINLY, WITH UNFAD[illegible] 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.

AUG 26 1933

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

Do not use this space.

22451

1. PLACE OF DEATH Butler
12 Count[illegible] Registration District No. 89
2 Township Poplar Bluff Primary Registration District No. 3007
7 City [illegible] (No. ..... St. ..... Ward)

File No. .....
Registered No. 127

2. FULL NAME Henry Bell

(a) Residence, No. ..... St., ... Ward. Kennett 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. 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: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2 - 1913

7. AGE: YEARS 20 | MONTHS 6 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY): Tenn

FATHER
13. NAME: Chas Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Tildie Gammons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Tildie Gammons Pascola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Co Farm DATE: 7/22 33

19. UNDERTAKER (ADDRESS): A. C. Lansdell Kennett Mo

20. FILED: July 29 1933 B J Cline Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1933, to 7-23, 1933
I last saw him alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound in abdomen Perforating stomach & liver

173 103B

173

Other contributory causes of importance: Hemorrhage

Date of onset

Name of operation: none Date of
What test confirmed diagnosis? Clinical [illegible] Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7-22, 1933
Where did injury occur? Kennett Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Shot in home
Manner of injury Gunshot wound
Nature of injury 3 shots through abdomen

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Poplar Bluff Mo