

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

Do not use this space.

22620

File No. _____
Registered No. **108**
St. **3rd** (Ward)

1. PLACE OF DEATH

County **Clay** Registration District No. **198**
Township **Fishing River** Primary Registration District No. **2011**
City **Excelsior Springs, Mo. Veterans Admin. Facility**

2. FULL NAME **BELL, James V.**

(a) Residence, No. **Veterans Hospital, Excelsior Springs, Mo. 3221 Broadway, K. C. Mo.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **2** mos. **11** 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 7			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 1889			
7. AGE	YEARS 43	MONTHS 10	DAYS 19
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dairyman and title examiner		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown		
	10. Date deceased last worked at this occupation (month and year) unknown	11. Total time (years) spent in this occupation unknown	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

13. NAME James L. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Alabama

15. MAIDEN NAME Amanda A. Bellise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

17. INFORMANT (ADDRESS) Hospital Records, Excelsior Springs, Mo. Var

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Kans. **DATE** Aug. 7, 1933

19. UNDERTAKER (ADDRESS) Herbert Hope, Excelsior Springs, Mo.

20. FILED 8 / 33 *J. D. Leaven* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY That I attended deceased from **May 18 1933**, 19... to **July 29 1933**, 19...

I last saw him alive on **July 29 1933**, 19... Death is said to have occurred on the date stated above, at **6:15 PM**

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary

Other contributory causes of importance:

Name of operation **none** Date of _____

What test confirmed diagnosis? **EXAM. & OBS.** Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **XX** Date of injury _____, 19...

Where did injury occur? **XX**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **XX**

Manner of injury **XX**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **unknown**

(Signed) *Garrett V. Johnson*, M. D.
(Address) **GARRETT V. JOHNSON, Clinical Director.**

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 22 1933

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