

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

Do not use this space.

35505

1. PLACE OF DEATH

County Wright

Registration District No. 9.07

File No. _____

Township _____

Primary Registration District No. 4548

Registered No. 14

City Manassah (No. _____)

St. _____ Ward _____

2. FULL NAME Francis M. 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 10 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>3</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour mill

10. Date deceased last worked at this occupation (month and year) Sept 1926 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell Iowa

13. NAME Harwood Bell

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

15. MAIDEN NAME Mary Mahony

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

17. INFORMANT Nenny H. Bell (ADDRESS) Manassah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Manassah Mo DATE Oct 12 1933

19. UNDERTAKER J. A. Fuson (ADDRESS) Manassah Mo

20. FILED Oct. 11 1933 J. A. Fuson Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1933, to Oct 10 1933

I last saw him alive on Oct 10 1933. Death is said to have occurred on the date stated above, at 8 P m.

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

Dysentery Date of onset Oct 1-33

130

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) J. A. Fuson _____ M. D.
(Address) Manassah Mo

