

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

32199
Do not use this space.

REC'D OCT 20 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township N. Campbell Primary Registration District No. 2001
 (c) City Springfield (d) Street No. City Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. BERT BELL St. H. D.
1918 Pierce St
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frances Mitchell Bell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1875
 7. AGE YEARS 63 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as 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) ohio
 13. NAME Jim R. Bell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ohio
 15. MAIDEN NAME Cyindia Wyrick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ohio
 17. INFORMANT Mrs. Frances Bell (ADDRESS) 1918 Pierce St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Sept 5 1938
 19. FUNERAL DIRECTOR (NAME) Blount Hall (ADDRESS) 629 W. Walnut St
 20. FILED Sept 5 1938 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938
 22. I HEREBY CERTIFY That I attended deceased from October 1936 to September 3 1938.
 I last saw him alive on September 3 1938. Death is said to have occurred on the date stated above, at 12:25 P.
 The principal cause of death and related causes of importance were as follows:
uraemia
 Date of onset _____
 Other contributory causes of importance: Hypertrophied Prostate - Chronic Cystitis
 Name of operation Prostatectomy Date of 8-20-38
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) J. Keith Whaley, M. D.
 (Address) Springfield, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Harold W. Fox*

Licensed Embalmer No. *2910*

P. O. Address *Spencerville MO*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.) *12900 W. Main*

If this body is not embalmed, above space should be left blank.