APR 22 1927

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

Do not use this space.

7551

1. PLACE OF DEATH
County: Chariton
Township:
City: Salisbury (No. ..... St. ..... Ward)

Registration District No. 175
Primary Registration District No. 4104

File No.
Registered No. 29

2. FULL NAME: Willie Hall Bedford

(a) Residence. No. ..... Ward. .....
(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: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 16 1854

7. AGE: Years 72 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Mo

PARENTS
10. NAME OF FATHER: W. V. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Matilda Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: W. M. Bedford
(Address): Jefferson City Mo

15. FILED 3/30 1927 G. W. Hawkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-19 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/19, 1927, to 3-19, 1927, that I last saw h. alive on 3-19, 1927, and that death occurred, on the date stated above, at 1:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Nil
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. W. Hawkins, M. D.
3/30, 1927 (Address) Salisbury 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: Columbia Mo
DATE OF BURIAL: 3/21 1927

20. UNDERTAKER: Winkelmeyer Bro
ADDRESS: Salisbury

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.