

MAY 27 1930

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

Do not use this space.

13399

1. PLACE OF DEATH

County Montgomery
Township Louisa
City (No.)

Registration District No. 590
Primary Registration District No. 5788 a

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Jane Bedford

(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 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)

Widow

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

Hubster Bedford

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 6 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81

2

9

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)

Montgomery Co., Missouri

10. NAME OF FATHER

Moses Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Rhoda Patton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

South Carolina

14.

INFORMANT (Address)

Ellis Bedford

15.

FILED

4/14, 1930

J. H. Nearger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 7th, 1930, to Apr. 14th, 1930 that I last saw her alive on Apr. 14, 1930, and that death occurred, on the date stated above, at 11:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. B. Nichols, M. D.

, 19 (Address) Rhinecland 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

DATE OF BURIAL

Bedford Cemetery

4/8 1930

20. UNDERTAKER

ADDRESS

Bedford Cemetery

