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

Do not use this space.

23876

AUG 26 1930

1. PLACE OF DEATH
County: Pike
Registration District No.: 689
File No.:
Township: Buffalo
Primary Registration District No.: 3033
Registered No.:
City: Louisiana, Mo. (No. Pike County Hospital St. Ward)

2. FULL NAME: Laura Bedell

(a) Residence. No. Louisiana, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-22-55

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	4	8	

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

PARENTS
10. NAME OF FATHER: Braxton Hickman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Nancy Holloday
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. T. Guy Hetherlin
(Address): Louisiana, Mo

15. FILED 7/31, 1930 F C Haury Jr REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to July 30, 1930, that I last saw her alive on July 30, 1930, and that death occurred, on the date stated above, at 9:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of right breast
50
54
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetes + Cystitis
Alburia (duration) 6 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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. Guy Hetherlin, M. D.
7/30, 1930 (Address) Louisiana, 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: Riverview Louisiana Mo
DATE OF BURIAL: 8/1 1930

20. UNDERTAKER: W J Luda
ADDRESS: Louisiana Mo

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.