

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

Do not use this space.

**1. PLACE OF DEATH**

County Butler

Registration District No. 50

Township \_\_\_\_\_

Primary Registration District No. 3004

City Butler (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 320554

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alia C. Bedwell

(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**

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**

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

Jan 13, 1880

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

50

9

10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

retired farmer

(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

**10. NAME OF FATHER**

Jasper Bedwell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

don't know

**12. MAIDEN NAME OF MOTHER**

Rebecca Davis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

don't know

**14. INFORMANT**

(Address)

Wayne C. Bedwell  
Butler, Mo.

**15. FILED**

10/24 1930

Nena L. Culver  
REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 23 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from October 13, 1930, to October 23, 1930, that I last saw him alive on October 22, 1930, and that death occurred, on the date stated above, at 1:25 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

auricular fibrillation  
9:21  
9:15  
9:5A (duration) 15 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** right hemiplegia and arteriosclerosis (duration) 7 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

DATE OF OPERATION PRECEDE DEATH \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Leo H. Philes, M. D.

Oct 23 1930 (Address) Butler, Missouri

\*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**

Oak Hill

Oct 25 1930

**20. UNDERTAKER**

**ADDRESS**

Culver

Butler, 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.

NOV 21 1930

