

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.

MAY 27 1931

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

Do not use this space.

16973

1. PLACE OF DEATH
114 County Wright Registration District No. 907
Township Pleasant Valley Primary Registration District No. 6220
City St. Louis No. 1 St. 1 Ward 1

2. FULL NAME Elizabeth Bedford
(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16 - 1832</u>		
7. AGE <u>98</u>	YEARS <u>11</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		9. Industry or business in which work was done, as silk mill, 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) <u>Ill.</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Thos. Berner</u> (ADDRESS) <u>Seymour Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cemetery</u> DATE <u>4-25</u> 19 <u>31</u>		
19. UNDERTAKER <u>L. Watson</u> (ADDRESS) <u>Seymour Mo.</u>		
20. FILED <u>4/25</u> 19 <u>31</u> <u>J. A. Farn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 110 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Not known, no medical attendant.

2.00 B

Other contributory causes of importance:

2.00 B

8. Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) L. Watson Registrar
(Address) Seymour Mo.

