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

Do not use this space. 31303

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791 1003 File No. 8609

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, (No. 4707 S. Broadway St. ..... Ward)

2. FULL NAME Mary E. Bedford

(a) Residence, No. 4707 S. Broadway St., 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Wm. J. Bedford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 28, 1867

7. AGE: YEARS 66 MONTHS 11 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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): Kentucky

FATHER
13. NAME: Thomas Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Wm J. Bedford 4707 S. Broady

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 8-27-34, 19

19. UNDERTAKER (ADDRESS): Southern 6322 S Bd

20. FILED AUG 25 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 24, 1934
I last saw her alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

Paralytic Ileus ~~Caused senility~~ Date of onset 8-12-34
Myocarditis Chr ?
Caused by senility
no other caused known

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No.
If so, specify
(Signed) Thomas M Mart, M. D.
(Address) University Club Bldg

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.

3949