

OCT 1 2 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

51
22

County Johnson
Township Madison
City Halden (No. _____)

Registration District No. 447
Primary Registration District No. 4253

File No. 33226
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 2 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) Aug. 1934

11. Total time (years) spent in this occupation 13 1/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mo.

13. NAME Geo. W. Bedford Dr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Devora Shaskelford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Josephine Bedford (ADDRESS) Halden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Halden Mo. DATE 10/1

19. UNDERTAKER John H. Murray (ADDRESS) Halden Mo.

20. FILED Oct 1, 1934 J. A. Murray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 29 1934
I last saw him alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 7:00 m.

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

Pulmonary Abscess of unknown origin.

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. A. Murray, M. D.

(Address) Halden, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

