

SEP 26 1935

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

Do not use this space.

25424

1. PLACE OF DEATH

County Wayne Registration District No. 891
Township Benton Primary Registration District No. 4540
City Bedford (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(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 10 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M. Dell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 18

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

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

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) Bedford, Mo.

13. NAME Joseph M. Dell

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

15. MAIDEN NAME Sarah Daniel

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

17. INFORMANT (ADDRESS) Joseph M. Dell, Bedford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford DATE July 12 1935

19. UNDERTAKER (ADDRESS) Wm. A. W. Gish, Bedford, Mo.

20. FILED 9/12 1935 T. O. Piles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/10 1935 to 7/10 1935

I last saw him/her alive on 7/10 1935 Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Heart attack
mitral regurgitation
none
Other contributory causes of importance: none
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

28. 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) P. G. W. Doney, M. D.

(Address) Bedford, 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.

