

APR 27 1936

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

Do not use this space.

13767

1. PLACE OF DEATH

County Sullivan
Township Shaw
City Harris (No.)

Registration District No. 853
Primary Registration District No. 4516

File No.
Registered No. 4
St. Ward)

2. FULL NAME

Wilson Bedwell

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

Length of residence in city or town where death occurred 40 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Bedwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10, 1851</u>		
7. AGE <u>84</u>	YEARS <u>6</u>	MONTHS <u>23</u>
If LESS than 1 day, ... hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</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) <u>Jan 1, 1924</u>	
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan co Indiana</u>		
FATHER	13. NAME <u>Thomas Bedwell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>	
MOTHER	15. MAIDEN NAME <u>Mary wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Chas Bedwell Harris, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harris Mo.</u> DATE <u>3-5-</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Edw. Reed New York</u>		
20. FILED <u>Mar 6</u> 19 <u>36</u> <u>Ruth Anderson Tucker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936 to March 3 1936
I last saw him alive on March 3 1936 Death is said to have occurred on the date stated above, at 3:22 P.m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset 2/1/36

Other contributory causes of importance:
107

Name of operation Pneumonia Date of March 3, 1936
What test confirmed diagnosis? Wassermann 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? no
If so, specify ...
(Signed) C. E. Blair, M.D. 1936
(Address) Harris, Mo.

