

DEC 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

49324

1. PLACE OF DEATH

County CedarRegistration District No. 168

Township

Primary Registration District No. 4095City Eldorado Springs (No.)

St. Ward (19)

2. FULL NAME Cecil Bedford

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

none

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) Eldorado Springs
(STATE OR COUNTRY) Cedar County, Missouri

FATHER

13. NAME George Bedford14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Erma Bailey16. BIRTHPLACE (CITY OR TOWN) MO.
(STATE OR COUNTRY)17. INFORMANT George Bedford
(ADDRESS) Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACES Sandridge (com) DATE 11/25/193619. UNDERTAKER Gwinn-Siders
(ADDRESS) Eldorado Springs, Missouri20. FILED 11-25-1936 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/1936 .19

22. I HEREBY CERTIFY, That I attended deceased from

949 Spru, 1936, to 249 Nov, 1936I last saw him alive on Nov 24, 1936. Death is saidto have occurred on the date stated above, at 2P m.

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

Still Born

Date of onset

Other contributory causes of importance:

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

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. W. Dawson(Address) Eldorado Springs, Mo.20
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.

20M-2-19-36
20M-1 X7284

