

FEB 16 1937

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

Do not use this space.

455

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1st Primary Registration District No. 3009
City St. Louis Hospital

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Advance mo. Ward. Advance mo.
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ursula Bedwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9 - 1872</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>6</u>	DAYS <u>6</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas mo</u>		
13. NAME <u>Henry Bedwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Lucretia Kellian</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolingue Co.</u>		
17. INFORMANT (ADDRESS) <u>Leman Bedwell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas mo</u> DATE <u>1/17 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Deevers & Estes Cape Girardeau mo</u>		
20. FILED <u>1-15-37</u> m. <u>Trampier</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-14 1937, to 1-15 1937
I last saw him alive on 1-15 1937. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 1-9-37

Other contributory causes of importance:

Name of operation None 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 _____, 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) George H. Haefler, M. D.
(Address) Cape Girardeau

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.

WRITE IN INK WITH OUTFADING INK—THIS IS A PERMANENT RECORD

