

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 19 1937

B. 33470

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kennett (No. 2619 Elma, Ark.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Albert B. Bedell
 (a) Residence, No. 2619 Elma, Ark., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-27-1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-17-1876

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 10

The principal cause of death and related causes of importance were as follows:
Fall from 2nd story window
Fract. neck. 1860

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

Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation _____ Date of _____

13. NAME Bedell

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide. Accident Date of injury Sept-27-1937

15. MAIDEN NAME No Record

Where did injury occur? Home Kennett, Ark. (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) John W. Shaw
2812 East 7th St.

Manner of injury fall from 2nd story window

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Sept-29-1937

Nature of injury fract. neck

19. UNDERTAKER (ADDRESS) Mrs. C. L. Guster
918 Broadway Ave

24. Was disease or injury in any way related to occupation of deceased? Yes

20. FILED 9/29 1937 M.M. Cronk
Registrar.

If so, specify Russell W. Bens, M. D.

(Signed) _____ (Address) _____

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.

