

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17669

1. PLACE OF DEATH

County

Township

City

(No. _____)

Registration District No.

Primary Registration District No.

File No.

Registered No.

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

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

4. COLOR OR RACE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OR (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.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

19

Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from

February 26, 1938, to March 22, 1938

I last saw her alive on March 21, 1938. Death is said

to have occurred on the date stated above, at 6:30 A.M.

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

Chronic Nephritis

Date of onset
April 1927

Other contributory causes of importance:

Chronic Myocarditis
Edema & High Blood Pressure

Name of operation

What test confirmed diagnosis? Physical & Laboratory

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)

(Address)

Dr. R. A. Smith, M.D.
Zalma, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17669

Do not use this space.

PLACE OF DEATH

County Bollinger Registration District No. 69
Township Wayne Primary Registration District No. 3108 Registered No. _____
City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

DECEASED'S FULL NAME Martha Indiana Bedwell

Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Samuel G Bedwell
(OR) WIFE OF

AGE AT BIRTH (MONTH, DAY, AND YEAR)

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>0</u>	<u>23</u>	

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

Industry or business in which work was done, as saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) Dec 7 1938 11. Total time (years) spent in this occupation _____

BIRTHPLACE (CITY OR TOWN) Whitewater
(STATE OR COUNTRY) Mo

NAME John F Stroder

BIRTHPLACE (CITY OR TOWN) Whitewater
(STATE OR COUNTRY) Mo

MAIDEN NAME Janey C Weststead

BIRTHPLACE (CITY OR TOWN) Whitewater
(STATE OR COUNTRY) Mo

DECEASED'S FORMER ADDRESS Sturgis

DATE OF BURIAL, CREMATION, OR REMOVAL 3-23

LOCAL HEALTH DIRECTOR Emerson Burns
(ADDRESS) Warnerville Mo

LOCAL REGISTRAR By 2 J. A. Benson
(ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 26 1938 to March 22 1938

I last saw her alive on March 21 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic Nephritis Date of onset _____

Other contributory causes of importance:

Chronic Supp. Carditis

Edema & High Blood Pressure

Name of operation Thoracotomy Date of _____

What test confirmed diagnosis? Physical 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? _____

If so, specify _____

(Signed) Dr. R. G. Smith M. D.

(Address) Warnerville Mo

1938

S-17669