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.

I X7044

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

FILED FEB 15 1943

Do not use this space.

7289

1. PLACE OF DEATH

County Polk — Registration District No. 287 — File No.

Township East Looney — Primary Registration District No. 5979 — Registered No. 4

City Marrisville R-1 No. ..... St. ..... Ward)

2. FULL NAME Walter Lee Bidler

(a) Residence, No. 1 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 0
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1875

7. AGE: YEARS 67 — MONTHS 6 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Kansas 1

FATHER

13. NAME Frank Bidler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mrs. Nannie Bidler Marrisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Bend Cemetery Brownington, Mo. DATE Jan. 27, 1943

19. UNDERTAKER (ADDRESS) Erwin and Blue Funeral Home Bolivar, Mo.

20. FILED Jan-27, 1943 Hilley Dickinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1943

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ 1-25-, 1943 to ....., 19....

I last saw ~~h~~ ..... alive on ....., 19..... ~~Death is said~~

to have occurred on the date stated above, at ..... m.

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

Date of onset

Corony Occlusion

Other contributory causes of importance: 94a

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 ....., 19....

Where did injury occur? Marrisville, Polk, Mo (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) Carl Pitts Coroner, M. D.

(Address) Bolivar, Mo.

FEB 19 1943

RECEIVED
District Health Office No. 7
District File Number 1-43-100
Date Filed 2-8-43

The body named on the reverse side of this certificate was embalmed by me.

Willard B. Erwin
License No. 3092
Bolivar, Missouri