

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

Do not use this space.

APR 1 2 1935

8025

1. PLACE OF DEATH

County Barton
Township Lamar
City _____ (No. _____)

Registration District No. 40

Primary Registration District No. 3058

File No. _____

Registered No. 15

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mary Jane Bedell

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

Dec. 29-1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

87

3

2

OCCUPATION

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

Retired

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

farmer

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)

Green Co. Missouri

13. NAME

David H. Bedell

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

Morris Co. New Jersey

15. MAIDEN NAME

Marina Wallis

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

Dredell Co. Mo.

17. INFORMANT (ADDRESS)

Mrs. C. D. Hebbner
Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cem. DATE April 2nd 1935

19. UNDERTAKER (ADDRESS)

Walter Bros.
Lamar Mo.

20. FILED

4/1 1935 C. J. Mynatt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May-10, 1935, to May-31, 1935

I last saw him alive on March-21, 1935 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:

Arterio-sclerosis

Date of onset 1933

Other contributory causes of importance:

Senility

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? _____ (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) W. H. Popplewell, M. D.

(Address) Lamar, Missouri

