

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

Do not use this space.

26977

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1112 to McDaniel) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 571

2. FULL NAME Anna Bedell  
 (a) Residence. No. 1112 to McDaniel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWER (OR) WIFE OF Genos Bedell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
70 5 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Greene Co (STATE OR COUNTRY) Mo

10. NAME OF FATHER Harry Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Abrah Brooke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Genos Bedell (Address) Springfield Mo

15. FILED 9/17 27 1927 Ch. Harst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17-1927

17. I HEREBY CERTIFY, That I attended deceased from Past 5 years 1922 to 1927 that I last saw him alive on 7:05 p.m. 1927 and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
more than (duration) 5 yrs. 3 mos. 3 da.  
 CONTRIBUTORY Arteriosclerosis (SECONDARY)  
more than (duration) 5 yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Garrett Hagg M. D.  
9/19/27 (Address) Woodruff Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lincoln Memorial Cem DATE OF BURIAL 9/19/1927

20. UNDERTAKER Alma Lohmeyer ADDRESS Springfield

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.

RECORD

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