

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

Do not use this space.

788

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. Springfield Baptist Hospital)

Registration District No. 318
Primary Registration District No. 991

File No. _____
Registered No. 55 (Ward)

2. FULL NAME

(a) Residence. No. 864 S. Douglass St. Ward

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 30-1843</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 22, 1928, that I last saw live on Jan 22, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright Disease
131
132 (duration) 3 yrs. mos. ds.
CONTRIBUTORY Uræmia (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Springfield Mo
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Ames
(Signed) Crosswell M. D.
(Address) Springfield Mo

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

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

10. NAME OF FATHER David H Bedell

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

12. MAIDEN NAME OF MOTHER Mariana Wallis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Carolina
(STATE OR COUNTRY)

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Oswego - Kansas DATE OF BURIAL Jan 24 1928

14. INFORMANT Alie Bedell
(Address) SPRINGFIELD, MO.

19. UNDERTAKER Woolfingner & Co. 424 6th St. Springfield, Mo.

15. FILED 1-24-28 October 1928
REGISTRAR

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.

