

1939 APR 17 1939

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

9622
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007
 (c) City Keokuk Mo. (d) Street No. 110 Gen Hosp Registered No. 1228 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) 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.

2. PRINT FULL NAME Samuel H. Tedford
 (a) Residence, No. 514 1/2 main st 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

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1874

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) Canada

FATHER
 13. NAME Samuel Tedford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER
 15. MAIDEN NAME Catherine Hess
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Richard Clark 110 E. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Keokuk Mo 3-20-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John B. Fagel 536 Campbell St

20. FILED Mar 20 1939 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-39 19

22. I HEREBY CERTIFY, That I attended deceased from 3-4-39, 19, to 3-8-39, 19. I last saw him alive on 3-8-39, 19. Death is said to have occurred on the date stated above, at 3:48 a.m. The principal cause of death and related causes of importance were as follows:
Solar Pneumonia Date of onset 108

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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: Bole Maria M. D.
Surgeon General (Address)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.