FILED OCT 10 1940

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 31423
Township — Primary Registration District No. 1001 — Registered No. 977
City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lula Andrilla Bedell
(a) Residence, No. St., Ward. Fairfax, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Sherman Bedell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 1883

7. AGE: YEARS 56 — MONTHS 8 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, 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): Lamoni Ia

FATHER
13. NAME: Thomas Wellington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Ill

MOTHER
15. MAIDEN NAME: Martha Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Ill

17. INFORMANT (ADDRESS): Mrs Blanche Howard Corning Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: English Grove DATE: 9/8/40, 19

19. UNDERTAKER (ADDRESS): Schooler Bros Craig Mo 85

20. FILED 9-6, 1940 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8-15-40, 19..., to 9-5-, 1940
I last saw her alive on 9-5-, 1940 Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroid crisis —	9-3-40

66 B

Other contributory causes of importance: Exophthalmic goitre

Name of operation: Thyroidectomy Date of 9-2-40
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Paul Forgrave, M. D.
(Address) St Joseph, Mo

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.

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