

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.

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

Do not use this space.

FEB 20 1935

475

1. PLACE OF DEATH

County Carroll,
Township Washington,
City..... (No.) St. Ward

Registration District No. 138
Primary Registration District No. 5203

File No.
Registered No. 69
St. Ward

2. FULL NAME Hattie Louise Bidstrup,

(a) Residence, No. Carroll County, Mo. St. Ward

(Usual place of abode)
Length of residence in city or town where death occurred 25 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 Female 4. COLOR OR RACE White, 5. ~~WIDOWED~~ widowed,
(write the word)

5A. IF ~~WIDOWED~~ Perry Bidstrup,
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.-1st., -1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work,
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (CITY OR TOWN) Mercer County,
(STATE OR COUNTRY) Ills.,

13. NAME Job C. Heath,

14. BIRTHPLACE (CITY OR TOWN) Cinn.,
(STATE OR COUNTRY) Ohio.

15. MAIDEN NAME Phoebe A. Moore,

16. BIRTHPLACE (CITY OR TOWN) Clear Mount County,
(STATE OR COUNTRY) Ohio.

17. INFORMANT Mrs. Grace Jones,
(ADDRESS) Beaumont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cemetery, DATE Jan.-9th., 1935

19. UNDERTAKER E. P. Michael,
(ADDRESS) Beaumont, Mo.

20. FILED Jan. 30, 1935 B. C. Cole M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January - 8 - 1935

22. I HEREBY CERTIFY That I attended deceased from August - 1934 to January - 6 - 1935
I last saw her alive on January 6, 1935 Death is said to have occurred on the date stated above at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1-6-35

Other contributory causes of importance:

Arterio-Sclerosis

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? None Date of injury.....

Where did injury occur? None (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) Cardinal B. Shanley M. D.

(Address) Beaumont, Mo.

