

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

Do not use this space.

14805

1. PLACE OF DEATH

County Jarvis Registration District No. 318
Township Springfield Primary Registration District No. 319
City Springfield (No. Springfield Hospital) St. Springfield Ward

2. FULL NAME

(a) Residence No. 438 W. McDaniel Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.D. Galey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 9 1869</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>
	DAY <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

10. NAME OF FATHER Hardin Bledsoe

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

12. MAIDEN NAME OF MOTHER Jackson

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

14. INFORMANT J.D. Galey
(Address) 438 W. McDaniel

15. FILED 5/22/27 1927 Oct 27 1927
-REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1927
17. I HEREBY CERTIFY, That I attended deceased from May 17, 1927, to May 21, 1927, that I last saw her alive on May 31, 1927, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis
121B
129
1179 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 19
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Ruptured Appendix
(Signed) Dr. Stokes M. D.
5/23/27 (Address) 318 College

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park DATE OF BURIAL 5/23/27
20. UNDERTAKER W. H. Herwe ADDRESS W. H. Herwe

JUN 27 1927

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.

WRITE PLAINLY, WITH OUTLINES WHERE NECESSARY

