

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

Do not use this space.

11936

1. PLACE OF DEATH

County Stoddard
Township Liberty
City..... (No..... St..... Ward)

Registration District No. 836
Primary Registration District No. 60980

File No.....
Registered No.....

2. FULL NAME

Sarah Ellen Bledsoe

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Bledsoe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 2 | 5 | 5 hrs. 2 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

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

PARENTS

10. NAME OF FATHER John W. Bagby

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

12. MAIDEN NAME OF MOTHER Seivers

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

14. INFORMANT W. Bledsoe
(Address) Berme, Mo

15. FILED 3/30 1928 W. Bledsoe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to March 19, 1928 that I last saw her alive on March 19, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
92 B 900 (duration) yrs. 5 mos. da.

CONTRIBUTORY (SECONDARY) X (duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Bledsoe, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
3/20, 1928 (Address) Berme, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Berme, Mo DATE OF BURIAL 3/20 1928

20. UNDERTAKER Berme Undertaking Co ADDRESS Berme, Mo

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.

1928

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