P 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County: St. Francois
Township: St. Francois
City: Near Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 28318
Registered No. 120

2. FULL NAME: Myrtle Bledsoe

(a) Residence. No. State Hospital No.4 St., ... Ward. Holcomb, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C.B. Bledsoe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 11, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	~~68~~	~~4~~ 6	~~28~~ 7	

8. OCCUPATION OF DECEASED: Housewife
(a) Trade, profession, or particular kind of work: ~~Store and Factory~~
(b) General nature of industry, business, or establishment in which employed (or employer): ~~Notebrown~~
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Elizabethtown
(STATE OR COUNTRY): ~~Ohio~~ Illinois

PARENTS

10. NAME OF FATHER: John A. Thornton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Elizabethtown
(STATE OR COUNTRY): ~~Ohio~~ Illinois
12. MAIDEN NAME OF MOTHER: Rendy Caney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Elizabethtown
(STATE OR COUNTRY): Illinois.

14. INFORMANT: Hospital Records.
(Address)

15. FILED 8.21.1928 T.B. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to Aug 19, 1928, that I last saw her alive on Aug 19, 1928, and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pellagra
62
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Ralph Stanks, M. D
8-21, 1928 (Address) Farmington Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clark town Mo
DATE OF BURIAL: Aug 23 1928

20. UNDERTAKER: Farmington Co
ADDRESS: Farmington, 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.