

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

Do not use this space.

5080

1. PLACE OF DEATH

49 County Jasper Registration District No. 408
5 Township Marion Primary Registration District No. 7070
7 City Carthage (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Kennace Bledsoe
(a) Residence, No. 1017 Poplar 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 18

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Baby 158

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) Carthage Missouri

13. NAME Chas Bledsoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Missouri

15. MAIDEN NAME Vicie Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Missouri

17. INFORMANT Chas Bledsoe
(ADDRESS) 1017 Poplar, Carthage, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar County DATE Feb. 15 1932

19. UNDERTAKER W. H. McHenry
(ADDRESS) Carthage, Missouri

20. FILED Feb 17 1932 O. H. Ditcham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1932 to 2-14 1932

I last saw him alive on 2-14 1932 Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Dehydration
Cholera
158
Date of onset Jan 1

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? gu. physiol. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? yes

If so, specify _____
(Signed) H. A. LaFare, M. D.
(Address) Carthage, 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.

MAR 23 1932

WITH OBTAINING THIS IS A PERMANENT RECORD

