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.

16155

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 0002 — File No.
City Kansas City Mo (No. 1-2-4 Brooklyn St. 1948 Ward) — Registered No.

2. FULL NAME Walter Bledsoe
(a) Residence, No. 1511 Brooklyn St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE Colored
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1912
7. AGE YEARS 19 MONTHS 8 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 137
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delivery Boy
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) ala

FATHER
13. NAME A. J. Bledsoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ala

MOTHER
15. MAIDEN NAME Mmie Cunning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ala

17. INFORMANT (ADDRESS) A. J. Bledsoe 1511 Brooklyn
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem. DATE 5/18 1932
19. UNDERTAKER (ADDRESS) [illegible] 2000 E 12 St
20. FILED 5/16 1932 M. M. Crowd asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/ 1932
22. I HEREBY CERTIFY, That I attended deceased from 5-3- 1932 to 5-10- 1932
I last saw him alive on 5-3- 1932 Death is said to have occurred on the date stated above, at 10 45 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 23A 23

Date of onset

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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? no
If so, specify
(Signed) [illegible], M. D.
(Address) 2200 East 18