

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

Do not use this space.

17123

1. PLACE OF DEATH

County Putnam  
Township  
City Unionville (No. )

Registration District No. 718  
Primary Registration District No. 6720

File No.  
Registered No. 22 St. Ward

2. FULL NAME

James Edwin 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. 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 (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 1926  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)  
Unionville Missouri

13. NAME Wm. A. Bledsoe

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

15. MAIDEN NAME Grace Newell

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

17. INFORMANT Wm. A. Bledsoe  
(ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Cem DATE May 15 1932

19. UNDERTAKER F. O. Husted & Son  
(ADDRESS) Unionville Mo

20. FILED May 15 1932 J. H. Korman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13 1932 to May 13 1932

I last saw him alive on May 13 1932 Death is said to have occurred on the date stated above, at 6 P. M.

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

Accidental.  
Hit by train  
Date of onset May 13 1932

Other contributory causes of importance:  
Fracture of skull

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J. H. Korman, M. D.  
(Address) Unionville

State of  
Louisiana

BY PHYSICIAN  
OCCUPATION

State of  
Louisiana

BY PHYSICIAN  
OCCUPATION

State of  
Louisiana

No automobile was  
involved, child while  
playing ran in front  
of an approaching train

J. H. Holman

J. H. HOLMAN, M. D.  
UNIONVILLE, MO.

Take This To HOWARD'S DRUG STORE

For

R

M D

Reg. No. 3986

Date

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' word state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Putnam

Registration District No. 718

Township Unionville

Primary Registration District No. 6438

City Unionville (No. ....)

File No. ....

Registered No. 212

St. .... Ward)

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

2

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .... hrs.  
or .... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

19

Registrar

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207

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Date of

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(Signed) , M. D.

(Address)

