

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

Do not use this space.

34500

1. PLACE OF DEATH

County Sullivan
Township Green
City Green City (No.)

Registration District No. 849
Primary Registration District No. 45-16

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Margaret 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1845

7. AGE YEARS 85 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) Ohio

13. NAME George Kissel

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

15. MAIDEN NAME Mary Johnston

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

17. INFORMANT (ADDRESS) Mrs. Nannie Hardinger
Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green City Mo. DATE Oct 24, 1932

19. UNDERTAKER (ADDRESS) Glenn E. Kent

20. FILED Oct 28, 1932 Wm. K. Lane Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Oct 23, 1932

I last saw h.c. alive on Oct 22, 1932 Death is said to have occurred on the date stated above, at 2:07 p.m.

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

Em. Date of onset 10/18/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

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) P. M. Riggins, M. D.

(Address) Green City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

NOV 29 1932

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