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.

JUN 23 1933

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

Do not use this space.

17524

1. PLACE OF DEATH
County RANDOLPH Registration District No. 735 File No.
Township Primary Registration District No. 3034 Registered No. 97
City Moberly (No. St. Ward)

2. FULL NAME ELIZABETH BLEDSOE
(a) Residence. No. 528 JOHNSON 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): JAN 4 - 1868

7. AGE: YEARS 65 MONTHS 4 DAYS 12. If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: CLARENCE GANN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MO
12. MAIDEN NAME OF MOTHER: DONT KNOW
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: MRS DUDLEY TAYLOR
(Address) MOBERLY-MO

15. FILED 5/18 1933 Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 16 1933

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to May 16, 1933 that I last saw her alive on May 16, 1933, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis

131 (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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L O Nickell, M. D.
May 18, 1933 (Address) Moberly 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: GRAND PRAIRIE CEM
DATE OF BURIAL: MAY 18 1933

20. UNDERTAKER: SNOW-LEAVERTON
ADDRESS: MOBERLY MO.