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.

100M-11-24-33

JUN 3 1935

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

Do not use this space.

File No. 13976

Registered No.

1. PLACE OF DEATH

County Ralls

Township Center

City (No. , St. Ward)

Registration District No. 725-

Primary Registration District No. 5-95-6

2. FULL NAME Faddia Van Bladsoe

(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 Mail

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) April 18-1935-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 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) Ralls Co

FATHER

13. NAME Gilbert Bladsoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co

MOTHER

15. MAIDEN NAME Bellis Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co

17. INFORMANT (ADDRESS) Gilbert Bladsoe Center Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Norton Cemetery DATE April 19, 1935

19. UNDERTAKER (ADDRESS) M. H. Cauch Center Mo

20. FILED April 20, 1935 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935 to April 19, 1935

I last saw him alive on April 18, 1935 Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
Rupture of Umbilicus	

Other contributory causes of importance: 1570

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?

If so, specify

(Signed) Dr. Charles H. Brooks M. D.

(Address) Center, Mo.