JUL 20 1935

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

Do not use this space.

19338

1. PLACE OF DEATH
County DeKalb Registration District No. 264
Township Grant Primary Registration District No. 53607
City (No. , St. Ward)
File No.
Registered No.

2. FULL NAME William Allen 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) DeKalb Co. Missouri

FATHER
13. NAME Valentine Bledsoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Kathrine Bittle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo

17. INFORMANT (ADDRESS) Willard Bledsoe Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairport Cemetery DATE 6/19-35 19

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 6-19- 1935 Mrs. Reuben Sims
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 — 16 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6 , 1935, to 5-22 , 1935
I last saw h[illegible] alive on 5-22 , 1935. Death is said to have occurred on the date stated above, at 11:[illegible] P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

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? No
If so, specify
(Signed) [signature] , M. D.
(Address) Maysville Mo

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.