

FEB 21 1936

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

Do not use this space.

38298-2

1. PLACE OF DEATH

County Doddard
Township Center
City Bloomfield (No. St. Ward)

Registration District No. 837
Primary Registration District No. 4500

File No.
Registered No.

2. FULL NAME Edna Gertrude Rejournett

(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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 9 13

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) Illinois

13. NAME James Douglas Bledsoe

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

15. MAIDEN NAME Sarah Ellen Bagby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT W. M. Bledsoe (ADDRESS) Nexter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie Cemetery DATE 11-28 1935

19. UNDERTAKER Shelby Undertaking Co. (ADDRESS) Bloomfield Mo.

20. FILED Jan 23, 1936 Dr. Edw. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 - 35 to Nov 27 - 35

I last saw him alive on Nov 27 - 35 Death is said to have occurred on the date stated above, at 3:29 p.m.

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

Malicious Form
Wife
Rejournett

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Nov 27, 1935
Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Violence
Nature of injury Malicious Form

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) J. P. Brandon, M. D.
(Address) 2227

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.

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