

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township New
City W. to Mo. (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 19677
Registered No. 2035
St. Ward

2. FULL NAME

Mrs Parthena Bledsoe Eastridge
(a) Residence, No. 3304 Oak St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 James Eastridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Indianapolis Indiana

13. NAME Jonathan Bledsoe

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

15. MAIDEN NAME Un known

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

17. INFORMANT (ADDRESS) Mrs Laura Clubb 3304 Oak

18. BURIAL, CREMATION, OR REMOVAL PLACE Parthase, Mo. DATE 19.

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 N. Linwood

20. FILED June 1, 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to , 19 .

I last saw her alive on May 28, 1936. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Myocarditis Chroni Date of onset May 28

Other contributory causes of importance fracture of femur, meso Seribe anemias Dehydration

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Death not due to fracture directly

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury about May 9, 1936

Where did injury occur? In her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall on rug

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Confined her to her bed

(Signed) James R. Bell, M. D.
(Address) 1332 Professional Bldg Kansas City, Mo.

Research Hospital

Jas R. Elliot Prof Bldg