

JUL 20 1936

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

Chas. J. P.
Do not use this space.

22592

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield (No. St. John Hosp St. Ward)

File No.
Registered No. 541

2. FULL NAME Sarah F. Bledsoe

(a) Residence, No. Billings Mo. R.R. 1 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. F. Bledsoe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 7 22

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) Billings
(STATE OR COUNTRY) Mo.

13. NAME John D. Forbis

14. BIRTHPLACE (CITY OR TOWN) Billings
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah L. Bryant

16. BIRTHPLACE (CITY OR TOWN) Billings
(STATE OR COUNTRY) Mo.

17. INFORMANT John D. Bledsoe
(ADDRESS) Billings Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware, Cem DATE June 21, 1936

19. UNDERTAKER H. H. Lohmeyer Funeral Home
(ADDRESS) Springfield Mo.

20. FILED JUN 20 '36 19..... W. Chas A George
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936
22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to June 19, 1936
I last saw him et alive on June 18, 1936. Death is said to have occurred on the date stated above, at 3 9 m.
The principal cause of death and related causes of importance were as follows:

Chr Myocarditis - Arteriosclerotic Date of onset 1935
Auricular fibrillation 1936

Name of operation none Date of
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? 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) F. B. Deuser, M. D.
(Address) Springfield

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.

