

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

Do not use this space.

NOV 20 1936

36764

1. PLACE OF DEATH
 County Buchanan, Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 701 South 10th.) St. _____ Ward _____

2. FULL NAME Margaret Bledsoe,
 (a) Residence, No. 701 South 10th. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) October 1936, 11. Total time (years) spent in this occupation. 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri

13. NAME Thomas Brown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

15. MAIDEN NAME Martha Maget,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

17. INFORMANT (ADDRESS) Fanny Bledsoe, 701 South 10th. Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE New Market, Mo. DATE October 14, 1936

19. UNDERTAKER (ADDRESS) Newton Bigelow Bowman, 319 So. 10th. Str. Funeral Home

20. FILED Oct 13, 1936 J. H. Matthews Registrar.

OCCUPATION
FATHER
MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from only on Oct 17th, 1936
 I last saw him alive on Oct 14, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Coronary Disease
 Date of onset ?

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? 710

23. If death was due to external causes (fall, fire), 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? 710
 If so, specify _____
 (Signed) W. H. B. Byrd M. D.
 (Address) 361 North 8th St.

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.

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