

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.

NOV 23 1936

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

Do not use this space.

37192

1. PLACE OF DEATH

County Dade

Registration District No. 282

Township Greenfield

Primary Registration District No. 4144

City Greenfield (No. , St. , Ward)

File No. 125

Registered No. , St. , Ward

2. FULL NAME

Madge Matilda 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

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

Ralph Bledsoe

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

Nov. 22, 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

21

11

2

OCCUPATION

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)

Dade Co. Mo.

FATHER

13. NAME

Marion Long Evans

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

Mo.

MOTHER

15. MAIDEN NAME

Zadie Bell Hayward

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

Cedar Co. Mo.

17. INFORMANT (ADDRESS)

Zadie Evans
Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hampton

DATE Oct. 18, 1936

19. UNDERTAKER (ADDRESS)

J. W. Ward
Greenfield, Mo.

20. FILED

Nov. 6, 1936

J. R. Weir

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1936 to Oct. 17, 1936

I last saw her alive on Oct. 16, 1936 Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Typhoid fever

Date of onset

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?

If so, specify

(Signed)

J. S. Driscoll
Greenfield, Mo.

M. D.

(Address)

