OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 80

Township: Platte — Primary Registration District No.: 5-121

City: ..... (No. ....., ... St. ..... Ward)

File No.: 33642

Registered No.: .....

2. FULL NAME: William Edward 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: Male

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: Mary Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/6/82

7. AGE: YEARS 54 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Buchanan County, Missouri

FATHER

13. NAME: Omega Bledsoe

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

MOTHER

15. MAIDEN NAME: Alice Chaney

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

17. INFORMANT: W. A. Bledsoe
(ADDRESS) Dearborn, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE #6 Cemetery DATE 8/17/37, 19
Gower, Mo.

19. UNDERTAKER: Rollins Mortuary
(ADDRESS) Edgerton, Missouri

20. FILED Aug. 17, 1937 Mrs. Lucy Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th 37, 19, to ....., 19

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Injuries received when struck by Auto, while standing by his parked car on Highway 116 in ~~Platte~~ Buchanan County, near Edgerton, Mo. — Date of onset

Other contributory causes of importance: none

210m

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/15/37

Where did injury occur? ~~Platte~~ Buchanan County, Mo.
(Specify city or town, county, and State)

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

Manner of injury: Struck by Auto

Nature of injury: Fractured legs & Skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B.W. Todloch (Coroner) ..... M. D.

(Address) St. Joseph, Mo.

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.