

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Adair  
Township \_\_\_\_\_  
City Kirksville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

File No. 40525  
Registered No. 225  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Okle Blodgett

(a) Residence, No. 816 S. Davis 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leola Blodgett

22. I HEREBY CERTIFY, That I attended deceased from Dead on arrival, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1893

to have occurred on the date stated above, at S. O. Rm. 12-7-37

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 44 7 16

Date of onset

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

Bullet wound in head fired from a revolver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beer & Lunch

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year) 12/8/37 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Thomas Jefferson Blodgett

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Sarah Jane Legrand

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

Accident, suicide, or homicide? suicide Date of injury 12-7-1937

Where did injury occur? Ill. S. E. Room at Kirksville, Mo.

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

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places

17. INFORMANT Leola Blodgett (ADDRESS) 816 S. Davis

Manner of injury Revolver shot

Nature of injury in head

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Dec. 10, 1937

19. UNDERTAKER Davis Funeral Home (ADDRESS) Kirksville, Mo.

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify \_\_\_\_\_

20. FILED Dec 9, 1937 Spencer L. Freeman Registrar.

(Signed) E. D. Davis, coroner M. D.

(Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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