

APR 17 1939

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

9785
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Pass Primary Registration District No. 100 Registered No. 1391
 (c) City Jackson City (d) Street No. Wesley Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 900 Pass St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chester J. Edwards
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 2 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) at home 11. Total time (years) spent in this occupation at home
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Mo.
 FATHER 13. NAME Thomas Bledsoe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Martha Tuck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 17. INFORMANT (NAME) (ADDRESS) Mrs Ruth Muir Chicago Ill
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 1 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) St Newcomer's Home Brushcreek + Pass
 20. FILED Apr 1, 1939 M. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1939 to Mar 30 1939
 I last saw her alive on Mar 30 1939 Death is said to have occurred on the date stated above, at 8:40 P m.
 The principal cause of death and related causes of importance were as follows:
acute dilatation of heart Date of onset 3-30
108
 Other contributory causes of importance:
Lobar Pneumonia 3-24
 Name of operation none Date of no
 What test confirmed diagnosis? Examination there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J G Mackey M. D.
 (Address) Jackson City Mo

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.

50 M-1-3-35 I X-14023

11-5-01-3002
Preston - 01-3002

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.