

MAR 2 1933

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

Do not use this space.

2404

1. PLACE OF DEATH

County Monticau
Township Walker
City California (No. _____)

Registration District No. 371
Primary Registration District No. 4333

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Burke Erickson Bledsoe

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nola Bledsoe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri
13. NAME John A. Bledsoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Elkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. A. Bledsoe (ADDRESS) Clarkburg Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bolin Cem DATE 1-29 1932

19. UNDERTAKER J. M. Roth (ADDRESS) Clarkburg Mo.
20. FILED 1-28 1933 J. M. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at 7 P. m. The principal cause of death and related causes of importance were as follows:

Suicide Gunshot
in the head
167
167
Other contributory causes of importance:
Date of onset

Name of operation none 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? suicide Date of injury 1-27- 1933. Where did injury occur? California Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury shot gun
Nature of injury up 7 head shot off

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) J. P. Popejoy Dr., M. D. (Address) California Mo.

