

MAR 2 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2405

1. PLACE OF DEATH

68 County *Monroe*
 1 Township *Walker*
 2 City *California* (No.)

Registration District No. *371*
 Primary Registration District No. *4335*

File No.
 Registered No. *8* St. Ward)

2. FULL NAME

Rola May 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 *Female* 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 *Burke Bledsoe*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19-1899*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 10

OCCUPATION
 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) *Cooper Co*

13. NAME *A. L. Hatfield*

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

15. MAIDEN NAME *Alice Piatt*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cooper Co Mo*

17. INFORMANT *Mrs. Hubert Williams* (ADDRESS) *California Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cem* DATE *1/29 33*

19. UNDERTAKER *Williams & Fred Meyer* (ADDRESS) *California Mo*

20. FILED *1-28 33* *J. N. 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

Never 19...
 I last saw h. alive on 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:

Homicide shot - gun wound in neck
173

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, *Homicide* Date of injury *1-27-1933*
 Where did injury occur? *California Monroe Co*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Gunshot*
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *H. P. Rabear, Coroner* M.D.
 (Signed) *California Mo*
 (Address)

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.

