

SEP 27 1927

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

Bedford Do not use this space.
23924

1. PLACE OF DEATH

County Co. Lee
Township Jefferson
City Jefferson (No.)

Registration District No. 213-
Primary Registration District No. 3014-

File No.
Registered No. 211-
St. Ward

2. FULL NAME

Bedford Russell Bledsoe
(a) Residence No. Washington Park Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Co. Lee, Mo
(STATE OR COUNTRY) Jefferson City, Mo

10. NAME OF FATHER Clinton Bledsoe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co, Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Matha Kitchen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Co. Lee, Mo
(STATE OR COUNTRY) Mo

14. INFORMANT Clara Bledsoe
(Address) Wash. Park in New City, Mo

15. FILED 8/14-27 P.O. Bedford
REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 27

17. I HEREBY CERTIFY That I attended deceased from Aug 9, 1927, to Aug 13, 1927 that I last saw him alive on Aug 13, 1927, and that death occurred, on the date stated above, at am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Illio Reolitis

1200 11415
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? 8 DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P.V. Bedford, M. D.
(Address) Jeff. City, Mo
8-14, 19 27

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Aug 14 27

20. UNDERTAKER James J. 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.

