

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

Do not use this space.

19025

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001  
 City St Joseph (No. 1001 Meth Edgerton)

File No. \_\_\_\_\_  
 Registered No. 850 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Stagner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31, 1912</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Buchanan Co. Mo.</u>		
FATHER	13. NAME <u>Will Ed Bledsoe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hughes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr John Stagner Edgerton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>#6 Cemetery</u> DATE <u>6/19</u>		
19. UNDERTAKER (ADDRESS) <u>J. F. Phillips Ma. City Mo.</u>		
20. FILED <u>6-18-35</u> <u>John R. Bledsoe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Burned to death (accidental) house burned  
 Other contributory causes of importance:  
Starting a fire in a wood shed with kerosene & it exploded

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Teals Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 6/17, 1935  
 Where did injury occur? State Courthouse  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Strong Kerosene exploded while starting fire

Manner of injury Burned to death  
 Nature of injury Burned to death

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Josiah Thomas Corson, M. D.  
 (Address) 731 Jackson

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.

