OCT 28

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

Do not use this space.

28055

1. PLACE OF DEATH
County: Polk
Township: Marion
City: (No. ..... St. ..... Ward)
Registration District No.: 701
Primary Registration District No.: 5930
File No.:
Registered No.: 47

2. FULL NAME: Daniel Alexander Blue
(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: 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): Mch 26 1859
7. AGE: Years 68 | Months 6 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co Mo.

PARENTS
10. NAME OF FATHER: John Randolph Blue
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mahala Lightfoot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Claude R Blue
(Address): Bolivar Mo
15. FILED: Sept 30 1927 J. T. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1927, to Sept 28, 1927 that I last saw him alive on Sept 20, 1927, and that death occurred, on the date stated above, at 1 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous nephritis
21
35 B
(duration) 1 yrs. ✓ mos. ✓ ds.
CONTRIBUTORY (SECONDARY): Cardiac Decompensation
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Physical Findings
(Signed) C. D. Smith, M. D.
Sept 27 1927 (Address) Bolivar Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery | DATE OF BURIAL: 9-30 1927
20. UNDERTAKER: Hutcheson Blue | ADDRESS: Bolivar Mo

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.