Coroner Callaway Co.

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

Do not use this space.

36263

1. PLACE OF DEATH
County Callaway — Registration District No. 213 — File No.
Township Summit — Primary Registration District No. 515273 — Registered No. 7
City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Thomas Miles Blythe
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-31-1906

7. AGE: Years 21 — Months 10 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tinner
(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): Boone County, Missouri

PARENTS
10. NAME OF FATHER: John Blythe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone County, Mo
12. MAIDEN NAME OF MOTHER: Myrtle Freeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boone County, Mo

14. INFORMANT: John Blythe
(Address): Jefferson City, Missouri

15. FILED 11/15, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/11/1928

17. I HEREBY CERTIFY, That I ~~attended deceased~~ viewed the body, 19..., to ..., 19..., that I last saw b..... alive on 11/11/1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fractured Skull (automobile accident.) This accident occured in Callaway Co No 40 (duration) ..... yrs. ..... mos. ..... ds. five seconds

CONTRIBUTORY (SECONDARY): Careless driving (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1880
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? Coroners inquest
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C.H. Christian Coroner, M.D.
, 19 (Address) Fulton 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: Liberty Church-Boone Co. — DATE OF BURIAL: 11/14 1928

20. UNDERTAKER: WYMORE-GORDON UNDERTAKING CO. — ADDRESS: JC 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.

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