

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

Do not use this space.

42167-A

1. PLACE OF DEATH

County Ray Co Mo

Registration District No. 789

Township Cadde

Primary Registration District No. 4441

City Flouring (No. _____)

File No. _____

Registered No. _____

St. _____ Ward) 1

2. FULL NAME Bear Blythe

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male Colored Widower

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

Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/6/1848

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

80 7 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Wesley Blythe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't Know

14. INFORMANT Sallie Ernest
(Address) Flouring Mo

15. FILED Jan 15 1929 W. W. Burgess REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928 to Dec 27, 1928 that I last saw him alive on Nov 21, 1928, and that death occurred, on the date stated above, at 10:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Tongue
45 1/2 (duration) yrs. 3 mos. ds.

CONTRIBUTORY same (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 45
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. P. Williams, M. D.
, 19 (Address) Orwick, 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 South Park Cem DATE OF BURIAL 12/29 1928

20. UNDERTAKER C. W. Libber ADDRESS Orwick Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A

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.

William

