

FEB 21 1929

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

Do not use this space.

644

1. PLACE OF DEATH

County Christian
Township Poek
City..... (No. Ward)

Registration District No. 181
Primary Registration District No. 5251

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah Pauline Blades

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
67 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emeline Carpenter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Fred Blades
(Address) Billings, Mo.

15. FILED Jan 13 1929 F. H. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 12, 1929 that I last saw her alive on Jan 12, 1929 and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Encephalomyelitis

92 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

900

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Brown, M. D.

, 19 (Address) Billings, 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

DATE OF BURIAL

Wade Cemetery

Jan 14 1929

20. UNDERTAKER

ADDRESS

A. S. Wallace

Billings, Mo.

WRITE IN PENCIL, 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.

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