

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

Do not use this space.

33407

1. PLACE OF DEATH

County Douglas
Township St. Louis
City Kennett (No.)

Registration District No. 289
Primary Registration District No. 4172

File No.
Registered No.
St. Ward

2. FULL NAME

Blake Basur Cuff

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-19 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 10-15, 1929 to 10-19, 1929 that I last saw her alive on 10-19, 1929 and that death occurred, on the date stated above, at 5:15 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20-1873

38 THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 19

Pernicious malaria

8. OCCUPATION OF DECEASED

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

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

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

10. NAME OF FATHER Wesley Cowart

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physicial

(Signed) W. L. Edwards M. D.

12. MAIDEN NAME OF MOTHER J. Basur

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

10/19, 1929 (Address) Kennett 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.

14. INFORMANT (Address) Jas Cuff, Kennett, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Ridge DATE OF BURIAL: 10/30 1929

15. FILED 12/3 1929 Thelma Davis REGISTRAR

20. UNDERTAKER A. C. Lansdell, Kennett Mo. ADDRESS

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.

1910