

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, 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.

JUN 24 1930

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

Do not use this space.

15258

1. PLACE OF DEATH
 County Barry Registration District No. 50
 Township Monett Primary Registration District No. 3008
 City Monett (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Mrs. Amy E. Blair
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 0 | 25 | — | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employee).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Columbus
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Alonzo H. Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosalind

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

14. INFORMANT Frank Blair
 (Address) Monett Mo

15. FILED 5-13-30 W. M. West
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930, to May 11, 1930
 and I last saw him alive on May 10, 1930, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy -
131
82A (duration) — yrs. — mos. 4 da.

CONTRIBUTORY (SECONDARY) hypertension
 (duration) 6 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH no
 DID AN OPERATION PRECEDE DEATH? no DATE OF —
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J. E. Harting, M. D. 4 0
 , 19 (Address) Monett 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 Stoned Creek DATE OF BURIAL 5/13/30

20. UNDERTAKER Callaway ADDRESS Monett

