DEC 22 1930

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

Do not use this space.

36498

File No.

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township [illegible] — Primary Registration District No. 3020

City Carthage (No. 1219 Jersey St. St. Ward)

2. FULL NAME Lafayette A. Blevins

(a) Residence. No. Route 7 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Jefferson City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jonathan Blevins

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

12. MAIDEN NAME OF MOTHER — Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Joel Hood
(Address) Route 7 - Carthage, Mo.

15. FILED Nov 20, 1930 E H Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1930, to Sept 7, 1930 that I last saw him alive on 9-7, 1930 and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(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) David Wise, M. D.

, 19 (Address)

*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
Dudman Cemetery	Nov. 20 1930
20. UNDERTAKER	**ADDRESS**
Knell Mortuary	Carthage, Mo.

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.