

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

Do not use this space.

9170

1. PLACE OF DEATH

County Clark
Township Madison
City Natasha (No. _____)

Registration District No. 190
Primary Registration District No. 5269

File No. _____
Registered No. 15 St. _____ Ward)

2. FULL NAME

Gasper Newton Blines
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 12, 1853

7. AGE YEARS 78 MONTHS _____ DAYS 2 If LESS than 1 day, hrs. _____ min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob Loma, Mo.

13. NAME Wm. Blines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Katherine Lapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mr. Fred Kelly (ADDRESS) Natasha Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sand Cemetery DATE Mch. 16, 1931

19. UNDERTAKER Puttling's Undert. (ADDRESS) Natasha Mo.

20. FILED 3/14/31 (Address) Natasha Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 14, 1931

I HEREBY CERTIFY that I attended deceased from March 1, 31 to Mar 14, 29, 1931

I last saw him alive on Mar 14, 1931 Death is said

to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset _____

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Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) R. Bridges, M. D.
(Address) Natasha Mo.

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.

APR 21 1931

RECORD WITH OBTAINING TRK--- THIS IS A PERMANENT RECORD

