

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

Do not use this space.

10475

1. PLACE OF DEATH

County Knox
Township Center
City Edina (No. _____)

Registration District No. 441
Primary Registration District No. 4259

File No. _____
Registered No. 93
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jahr Mutchler</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 26-1853</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Indiana</u>		
10. NAME OF FATHER <u>James Blastengame</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
12. MAIDEN NAME OF MOTHER <u>Dont know</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>		
14. INFORMANT (Address) <u>Paul Mutchler Edina Mo</u>		
15. FILED <u>4-9-31</u> <u>Geo. S. Brown</u> REGISTRAR		

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Mar. 7, 1931 that I last saw him alive on Mar. 7, 1931, and that death occurred, on the date stated above, at 3:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C

(duration) 1 yrs. 2 mos. 5 ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) W.H. Randolph
3-9-31 (Address) Edina 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
Pinville Cemetery DATE OF BURIAL Mar 10 1931

20. UNDERTAKER
Kriegshauser Bros ADDRESS Edina 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.

APR 23 1931

