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

Do not use this space.

22567

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 6018A — File No.
Near City Farmington, Mo. (No. 4 St. Ward) — Registered No. 92

2. FULL NAME Sadie Blaine
(a) Residence. No. Thayer, Mo. 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.

JUL 28 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas W. Blaine

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 5, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	2	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 employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Webster County
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Dave Reese
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Martha Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Hospital Records
(Address): Farmington, Mo.

15. FILED 6-30 1931 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 30, 1931, that I last saw her alive on June 29, 1931, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) 131
(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? Clinical & laboratory
(Signed) Ralph Hanks, M. D.
6-30, 1931 (Address) Farmington 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: Thayer Cem. — DATE OF BURIAL: July 1 1931
20. UNDERTAKER: Heidet Undt. Co. — ADDRESS: Farmington Mo.