

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

Do not use this space.

24140

1. PLACE OF DEATH

County Andrew Registration District No. 912
 Township Vandalia Primary Registration District No. 4550
 City Vandalia (No. _____) St. _____ (Ward _____)

2. FULL NAME

Annie B. Blaine
 (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 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 G. E. Blaine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1857
 7. AGE YEARS 74 MONTHS 1 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Pike Co (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME J. C. Spears

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Letitia Gray

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

17. INFORMANT G. E. Blaine (ADDRESS) Vandalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE 8-1 1931

19. UNDERTAKER J. B. DeLoria (ADDRESS) Vandalia Mo

20. FILED July 31 1931 Mollie Fugate Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931
 22. I HEREBY CERTIFY, That I attended deceased from March 31 1931, to July 30 1931
 I last saw her alive on July 30 1931. Death is said to have occurred on the date stated above, at 4:40 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Broken
 1931
 1930
 1929
 1928
 1927
 Other contributory causes of importance:
 Atherosclerosis Broken
 Chronic Intestinal Infection Broken

(Name of operating _____) Date of _____
 What best confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) Wm. Alfred _____, M. D.
 (Address) Vandalia 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.

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