

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

Do not use this space.

**24446**

**1. PLACE OF DEATH**

County Carroll  
Township Vanhorn  
City Bogard (No. ....)

Registration District No. 133  
Primary Registration District No. 4074

File No. ....  
Registered No. 16 St. .... Ward .....

**2. FULL NAME** Dora V. Blann

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Blann  
Dec 27, 1873

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>57</u>	<u>7</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... House wife  
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) Carroll County

13. NAME George Fleming

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

15. MAIDEN NAME Josephine Graham

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

17. INFORMANT Ed Blann  
(ADDRESS) Bogard, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ebenezer DATE 7-17-31, 19...

19. UNDERTAKER E. A. Dickerson  
(ADDRESS) Bogard, Missouri

20. FILED 7-18, 1931 Gavin Henderson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1931

22. I HEREBY CERTIFY That I attended deceased from June 28, 1931, to July 15, 1931  
I last saw h. Dr. alive on July 10, 1931. Death is said to have occurred on the date stated above, at 2 0 m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis  
126 1925  
Other contributory causes of importance: Gallstones  
Date of onset 6/30/31  
1925

Name of operation Cholecystomy Date of .....  
What test confirmed diagnosis? Gallstones 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? no  
If so, specify .....  
(Signed) W. C. Woodley, M. D.  
(Address) 1022 N. 1st St., M.D.

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.

AUG 25 1931

