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

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

Do not use this space.

27608

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 155
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Wm P. Blythe
(a) Residence, No. ..... St., ... Ward. Hurst, Ill.
(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 m — 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 Frances Blythe.

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

7. AGE YEARS 58 Est. MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal —
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) Kentucky

FATHER
13. NAME John Blythe.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER
15. MAIDEN NAME — Ladd —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) L. W. Barringer. Bush Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurst DATE 8-10 1931

19. UNDERTAKER (ADDRESS) Frank Und-Co. Poplar Bluff Mo

20. FILED Aug. 7 1931 B. J. Clide Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

Basic Fracture skull — Date of onset 8/5-31
210F
210 210M

Other contributory causes of importance:
Jumping from moving auto on hwy ~~falling~~ 60 east falling over guard rail striking head on cement pavement below

Name of operation Accidental 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? Accident Date of injury ....., 19.....
Where did injury occur? 1/4 mi East Fisk Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury leaped from auto falling hitting head
Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Grover Greer Coroner M. D.
(Address) Poplar Bluff Mo