

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 25 1932

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

Do not use this space.

7713

1. PLACE OF DEATH
 20 County Cedar Registration District No. 163
 1 Township Primary Registration District No. 4095-
 2 City El Dorado Springs (No.) St. Ward)
 2. FULL NAME Emma G Bly
 (a) Residence, No. N. Frank St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 4
 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) (STATE OR COUNTRY) Ind 2
 MOTHER FATHER
 13. NAME Charles Prichard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 15. MAIDEN NAME Lydia Bennett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT E. B. Kettig
 (ADDRESS) El Dorado Springs, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cem DATE 3/29 1932
 19. UNDERTAKER Quinn - Seders
 (ADDRESS) El Dorado Springs Mo
 20. FILED 3/29 1932 J. H. Dawson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 28 . 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar 27th, 1932, to Mar 28, 1932
 I last saw her alive on Mar 27, 1932 Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:
Heart insufficiency Date of onset
97 A
 Other contributory cause of importance 9/20
 Name of operation Date of
 What test confirmed diagnosis clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (D) Date of injury 19.....
 Where did injury occur? (D) (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) J. H. Dawson, M. D.
 (Address) El Dorado Springs Mo

