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

Do not use this space.

File No. 12079

Registered No. 648

1. PLACE OF DEATH

31 County Davies — Registration District No. 250

2 Township — Primary Registration District No. 4150

2 City Gallatin Mo (No. ..... St. ..... Ward)

2. FULL NAME Cora B. Blyth

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

MAY 24 1932

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Blyth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1880 April 26

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	11	26	

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) Home 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jameson Mo
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Comington Paxton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Sam Blyth
(Address) Gallatin Mo

15. FILED 4/23, 1932 P. L. Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1932

17. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1932, to 4-22-, 1932 that I last saw h.w. alive on 4-18-, 1932, and that death occurred, on the date stated above, at 4.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. L. Smith, M. D.

4/23, 1932 (Address) Gallatin Mo P. L. G.

*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	DATE OF BURIAL
Brown Cem, Gallatin Mo	April 22 1932

20. UNDERTAKER	ADDRESS
Ollis Robertson	Jamesport Mo.