

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

Do not use this space.

12909

**1. PLACE OF DEATH**

County Jasper  
Township Alba  
City Alba (No. ....)

Registration District No. 405  
Primary Registration District No. 4239

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Carrie Blith

(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 Flors. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Blith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75 3 15

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) Earthage Missouri

13. NAME Jas. M. Cantine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassell County Ohio

15. MAIDEN NAME Mary Louie Cantine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Ohio

17. INFORMANT E. J. Davis (ADDRESS) Alba Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cemetery DATE April 15, 1932

19. UNDERTAKER Knell Mortuary (ADDRESS) Earthage Missouri

20. FILED 4-14-32 Effie Green Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7<sup>th</sup>, 1932, to April 13<sup>th</sup>, 1932  
I last saw her alive on April 13<sup>th</sup>, 1932 Death is said to have occurred on the date stated above, at 2:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Chronic Bright's Disease  
Date of onset 3-20

Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. A. Carls , M. D.  
(Address) Alba Mo.

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.

MAY 2 5 1932

