

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

Do not use this space.

19284  
673

**1. PLACE OF DEATH**

County Harrison  
Township Bethany  
City Bethany (No. \_\_\_\_\_)

Registration District No. 334  
Primary Registration District No. 4197

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Silas Maize Dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2350

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) Harrison Co. Mo.

13. NAME Wilton Blaightest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Ohio

15. MAIDEN NAME Martha Haack

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

17. INFORMANT Arline Maize  
(ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burriss DATE 7-2 1932

19. UNDERTAKER S. M. Naas  
(ADDRESS) Bethany Mo.

20. FILED 7-10 1932 M. J. Barnes  
Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1932

22. I HEREBY CERTIFY, That I attended deceased from June 20 A. 1930, to July 30th 1932

I last saw her alive on June 20 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
Myocarditis

Langrene of Extremities

Other contributory causes of importance: 131  
Peripheral Nerves (3)

Name of operation none 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? \_\_\_\_\_ 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) D. J. Reid D.O. M.D.  
(Address) Bethany Mo.

WRITE PRINTED 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.

JUL 23 1932

