

57 Gas Stokes

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Narrows
City (No. St. Ward)

Registration District No. 5-33-
Primary Registration District No. 5720

File No. 8752
Registered No. 57

2. FULL NAME Sarah Blodgett

(a) Residence, No. Excelsa, Mo St. Ward.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1853

7. AGE YEARS 79 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

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) Clark Co (STATE OR COUNTRY) Mo

13. NAME J B Legrand

14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

15. MAIDEN NAME Mary Mellins

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

17. INFORMANT W W Blodgett (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL For cemetery

PLACE Excelsa, Mo DATE Mar 1 1933

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

20. FILED March 8 1933 J. F. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-22-33 to 2-27-33, 1933

I last saw him alive on 2-26-1933 Death is said

to have occurred on the date stated above, at 6 P m.

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

Influenza Date of onset 2-2-33

Penility

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Symptoms Was there an autopsy? no

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) J B Stokes, M. D.

(Address) Excelsa, Mo

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.

MAR 30 1933

