

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.

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

Do not use this space.

10717

1. PLACE OF BIRTH

County Putnam
Township Clark
City Hartford

Registration District No. 812

Primary Registration District No. 5950

File No. 4

Registered No. 7

2. FULL NAME

Dernon Able Blough

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1886

7. AGE YEARS 46 MONTHS 10 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Hartford Mo

13. NAME Hildary Blough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Chloe Kelly

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson Cemetery DATE May 17, 1933

19. UNDERTAKER (ADDRESS) Crestock Munk

20. FILED Mar 20, 1933 Junward Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1933, to Feb. March 1933
Last saw him alive on March 15, 1933. Death is said to have occurred on the date stated above, at 6:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cancer of liver
46
46E
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Physician Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury , 1933
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) H. W. Hillman D. O. M.
(Address) Unionville, Mo.

