

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

Do not use this space.

12850 ⁹

1. PLACE OF DEATH

County De Witt
Township Carver
City (No. _____) _____ Ward _____

Registration District No. 1035
Primary Registration District No. 5871

File No. _____
Registered No. 9

2. FULL NAME

Blanche Traughber Rea

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Rea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 2 2

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

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

10. Date deceased last worked, at this occupation (month and year) 3-3 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overton Mo.

13. NAME James Traughber

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

15. MAIDEN NAME Thompson

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

17. INFORMANT W. B. Rea (ADDRESS) Carver

18. BURIAL, CREMATION, OR REMOVAL PLACE Tracy Mo. DATE 4-6

19. UNDERTAKER Smith & Ferguson (ADDRESS) Tracy Mo.

20. FILED 2/12 1933 J. A. Kuchack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to Apr. 5, 1933
I last saw her alive on March 30, 1933 Death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis (Date of onset May 1929)

Other contributory causes of importance: 131

Name of operation _____ 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? no
If so, specify _____
(Signed) W. B. Rea M. D.
(Address) Tracy 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.

SEP 26 1933

1-2-1

