

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

Do not use this space.

39609

1. PLACE OF DEATH

County Davless
Township Delmar
City (No.) St. Ward

Registration District No. 249
Primary Registration District No. 5346

File No. _____
Registered No. _____

2. FULL NAME Harriett Emiline Blair

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Blair
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22/1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 5 21

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House wife
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) Savannah, ILL

13. NAME Edward F Emry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) On Atlantic Waters

15. MAIDEN NAME Lucetta Jane Hartson

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

17. INFORMANT W. W. Blair
(ADDRESS) Pattersonburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffey DATE 12-15-33

19. UNDERTAKER Blair
(ADDRESS) Pattersonburg Mo

20. FILED Dec. 15 1933 Mrs. H. A. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from July - 1932 to Dec - 13, 1932

I last saw him alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 4-5 P.M.

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

Carcinoma of
Breast
50
Other contributory causes of importance 50

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?
If so, specify _____
(Signed) J. J. Graham, M. D.
(Address) Pattersonburg 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.

JAN 26 1934

