

ED 27 1934

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

Do not use this space.

490

1. PLACE OF DEATH

County Cedar
Township Cedar
City (No.) St. Ward

Registration District No. 168
Primary Registration District No. 3232

File No. 9
Registered No. 9

2. FULL NAME

Mary M. Blagg

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (OR) WIFE OF) E. M. Blagg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 9 3

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) (STATE OR COUNTRY) Mo

13. NAME George W. Haynes

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

15. MAIDEN NAME Jane M. Keely

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

17. INFORMANT James Haynes (ADDRESS) Edwards Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Love (Cem) DATE 1-19 1934

19. UNDERTAKER Quinn-Siders (ADDRESS) Edwards Springs, Mo

20. FILED 1-19 1934 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 18 1934

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1934, to January 18, 1934. I last saw him alive on January 18, 1934. Death is said to have occurred on the date stated above, at 12:00 P. M. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Jan 6, 34

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Other contributory causes of importance:

Chronic Valvular Heart Disease

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1934

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Williams, M. D.

(Address) Edwards Springs

