

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.

RECORDED 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Ray Registration District No. 739
Township _____ Primary Registration District No. 4441
City Landers (No. _____) St. _____ Ward _____

File No. 2254
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Allie Lee Bline

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15 - 1912</u>			
7. AGE <u>21</u>	YEARS	MONTHS <u>3</u>	DAYS <u>11</u>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Name Printer</u>		
	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 _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934 to Jan 26, 1934
I last saw him alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:
Boonchial Pneumonia (Date of onset _____)
complicated with
suppurative throat

Other contributory causes of importance:
115A
107A
115A

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>
	13. NAME <u>C. A. Bline &</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Knawn Mo</u>
	15. MAIDEN NAME <u>Hellie Claypal</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Mo</u>
	17. INFORMANT <u>C. A. Bline</u> (ADDRESS) <u>Landers Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Landers Mo</u> PLACE <u>Landers</u> DATE <u>Jan 27, 1934</u>
	19. UNDERTAKER <u>E. H. H. H. H.</u> (ADDRESS) <u>Richmond Mo</u>
	20. FILED <u>Jan 31, 1934</u> <u>W. W. Burgers</u> Registrar.

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) Geoff. P. ... M. D.
(Address) Case deer Mo

