

JAN 9 1935

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

Do not use this space.

43899

1. PLACE OF DEATH

County Remick
Township Concord
City (No.) (No.) St. (No.) Ward

Registration District No. 653
Primary Registration District No. 5865

File No. 115
Registered No. 115

2. FULL NAME Joyett Blurton

(a) Residence, No. Haystack St. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>4</u>	<u>9</u>	<u>12</u>	

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

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)

13. NAME Oscar Blurton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyaburg Tenn.

15. MAIDEN NAME ella pity

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

17. INFORMANT Senny Blurton (ADDRESS) Netherlands mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ingram Ridge DATE 12-29 1934

19. UNDERTAKER Roy and Co. (ADDRESS) Haystack mo.

20. FILED 12/29 1934 JWR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934, to ?, 1934.

I last saw him alive on Dec. 17, 1934. Death is said

to have occurred on the date stated above, at 12 noon

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

undetermined

Other contributory causes of importance:
Possibly: Tetanus
possibly Osteococci
Septicemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury Dec 17, 1934

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury cut finger

Nature of injury 11

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Al Shree, M. D.

(Address) Haystack

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.

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