

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.

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

Do not use this space.

FEB 21. 1935

1. PLACE OF DEATH

County Saline
Township Lalorpin
City (No.) St. Ward

Registration District No. 197
Primary Registration District No. 5276

File No. 560
Registered No.

2. FULL NAME

Ma Blue
(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>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas A. Blue</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26-1879</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>5</u>	DAYS <u>8</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>Housekeeping</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	
		11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

MOTHER FATHER 13. NAME
John H. Price

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

MOTHER 15. MAIDEN NAME
Unknown

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

17. INFORMANT
Thomas A. Blue
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington Liberty Mo. DATE 1-6 1935

19. UNDERTAKER (ADDRESS)
Hessell Myers Liberty Mo.

20. FILED 1-6-35 Viola C. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Jan 4 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 26 1934 to Jan 4 1935

I last saw her alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 11:10 A.M.

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

Bronchitis-Pneumonia
53
Calcium Thyroid
Date of onset

Other contributory causes of importance:

Name of operation Thyroidectomy Date Nov 21-34
What test confirmed diagnosis: Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. W. Gelboin M. D.

(Address) L. C. ...

