

SEP 25 1935

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

Do not use this space.

27247

1. PLACE OF DEATH

County Perry Registration District No. 660
Township _____ Primary Registration District No. 4396
City Perryville No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Albert Blaw Jr. St. _____ Ward _____
(Usual place of abode) Perryville, Mo.
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>Male</u>	4. COLOR OR RACE <u>White</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>Mary Gertrude Blaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7, 1911</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>7</u>
	DAYS <u>16</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>Chauffeur</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis, Mo</u>		
FATHER	13. NAME <u>Albert Blaw Sr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co.</u>	
MOTHER	15. MAIDEN NAME <u>Rirdes Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co</u>	
17. INFORMANT <u>Mrs Albert Blaw Jr.</u> (ADDRESS) <u>Perryville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wt Ave. Cem</u> DATE <u>Aug 26 1935</u>		
19. UNDERTAKER <u>Youngs & Fenwick And Co</u> (ADDRESS) <u>Perryville, Mo</u>		
20. FILED <u>Aug 26 1935</u> <u>Ed. A. Brewer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:
Kick by a horse RB Date of onset _____

Other contributory causes of importance:
Fracture spine
also
Fracture Pubis

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 Kick by horse RB
Nature of injury Fracture spine & Pubis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. H. Knapley, M. D.
(Address) Memphis

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 WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ALL INFORMATION MUST BE WRITTEN ON THIS SUPPLEMENTARY Do not use this space.

1. PLACE OF DEATH

County Perry Registration District No. 660
 Township Primary Registration District No. 4396
 City Perryville Mo. St. Ward)

2. FULL NAME

Albert Blaw Jr.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS
24 7 24
 LESS than 1 day hrs. min.

8. Trade, profession, or particular kind of work done, as miner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased first 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

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 20 1935 Ed. L. Brewer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 (If not a physician, give name and address of physician)
 Deceased was alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Killed by a Frisco R. train and truck collision

Other contributory causes of importance:
fracture spine

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) W. H. Abernathy M. D.
 (Address) Memphis Mo

INK---THIS IS A PERMANENT RECORD

1. AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY

N. B.—Every item of information should be stated in plain terms, and CAUSE OF DEATH in plain terms, s

SUPPLEMENTARY

OCT 19 1935

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