

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

Do not use this space.

DEC 17 1938

35512

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1. PLACE OF DEATH Blay
 County Liberty Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City (No.) St. Ward

2. FULL NAME Ella Blaine
 (a) Residence, No. 5/ St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake Blaine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-1-1852</u>		
7. AGE <u>83</u>	YEARS <u>6</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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>Mo.</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Records Blay Co. Home</u> (ADDRESS) <u>Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bo. Form</u> DATE <u>11-5-</u> 19 <u>38</u>		
19. UNDERTAKER <u>Head - Myers</u> (ADDRESS) <u>Liberty Mo.</u>		
20. FILE <u>115</u> <u>501 Brown</u> <u>Bepton</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938 to Nov 1938

I last saw h alive on Nov 2, 1938. Death is said to have occurred on the date stated above, at 7 P m.
 The principal cause of death and related causes of importance were as follows:
Senility

Other contributory causes of importance:
None

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 _____, 1938
 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 Ill. Weather, M. D.
 (Signed) Liberty Mo
 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

