

DEC 26 1935

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

Do not use this space.

36102

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City Kansas City(No. 433 So. Monroe)File No. 5528  
Registered No. 50.28  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Ms. Callie Blain(a) Residence, No. 433 So. Monroe 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. / da. How long in U. S., if of foreign birth? yrs. mos. da.

## 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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Blain</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1863</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>6</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>at home</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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckner Mo.</u>				
FATHER	13. NAME <u>Wm. Pennington</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Walter Blain</u> (ADDRESS) <u>433 So. Monroe</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Missouri City, Mo.</u> DATE <u>Nov. 14</u> 19 <u>35</u>				
19. UNDERTAKER <u>A. O. Brindley &amp; Sons</u> (ADDRESS) <u>3811 Broadway</u>				
20. FILED <u>Nov. 13</u> 19 <u>35</u> <u>M. M. Brown</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on Nov 12, 1935 Death is said to have occurred on the date stated above, at 11 P. M.

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

Ruptured heart acute

Date of onset

11-12-3594%Other contributory causes of importance  
Coronary Occlusion (infarct)

Date of onset

11-12-35Name of operation no Date of \_\_\_\_\_What test confirmed diagnosis? autopsy Was there an autopsy? yes23. 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 Shas Nelson

(Signed) \_\_\_\_\_, M. D.

(Address) 2200 Prof Bldg

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.

