

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.

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1. PLACE OF DEATH

County Carter
Township West
City Near Ellsinore (No., St. Ward)

Registration District No. 145
Primary Registration District No. 5208

File No. 18
Registered No. 13

2. FULL NAME John S. Blystone

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

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>Lora Blystone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 31, 1864</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>25</u>
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer</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) Pennsylvania

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lora Blystone
(ADDRESS) Ellsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patina Hill DATE Jan. 30, 1936

19. UNDERTAKER W. C. Gray
(ADDRESS) Van Buren, Mo.

20. FILED 1/29 1936 Alexander John
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1936

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 12:30 pm. approx.
The principal cause of death and related causes of importance were as follows:

Paralytic Stroke on right side Date of onset Sudden

Other contributory causes of importance: Arterio Sclerosis

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 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. C. Gray Coroner, M. D.
(Address) Van Buren, Mo.

