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.

MAR 28 1936

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

Do not use this space.
2298-a
File No. 59 13 1936
Registered No.

1. PLACE OF DEATH
County New Madrid Registration District No. 607
Township ~~Eastern~~ Portage Primary Registration District No. 5806
City ~~Portageville~~ (No. ..... St. ..... Ward)

2. FULL NAME Mildred Hilan Blatt

(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1936	—	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Portageville Mo

FATHER
13. NAME Leon Blatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Nellie Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

17. INFORMANT (ADDRESS) Leon Blatt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 1-3 36

19. UNDERTAKER (ADDRESS) T R M Payne Portageville Mo

20. FILED Mar 20 1936 Mary W. Cude Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1935, to 1-2, 1936
I last saw her alive on 1-2, 1936 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:

	Date of onset
Pre mature birth	

Other contributory causes of importance

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) J. W. Bess, M. D.
(Address) Portageville Mo.