

APR 27 1936

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

Do not use this space.

9051

1. PLACE OF DEATH

County Knight
Township Mountain Grove
City (No.) (St.) (Ward)

Registration District No. 908
Primary Registration District No. 6222

File No.
Registered No. 3
St. Ward)

2. FULL NAME Oley David Blevins

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..5 hrs. or ..min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mountain Grove
(STATE OR COUNTRY) Mo10. NAME OF FATHER Leonard Rudolph Blevins11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamark
(STATE OR COUNTRY) Mo12. MAIDEN NAME OF MOTHER Helen Hinton13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chattanooga
(STATE OR COUNTRY) Ohio14. INFORMANT L. R. Blevins(Address) Mountain Grove Mo. R 215. FILED 2-11-36 Bernice Montgomery
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1936

17.

I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, at 11:00 P. M. that I last saw him alive on Feb 8, 1936, and that death occurred, on the date stated above, at 11:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Deblity. Exact nature undetermined

(duration) yrs. mos. ds.

CONTRIBUTORY Slight Prematurity of birth
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? None(Signed) A. G. Ames, M. D.Feb 9, 1936 (Address) Mountain Grove, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lone Star CemeteryFeb 10 1936

20. UNDERTAKER

None

ADDRESS

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.

