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

Do not use this space.

12011

1. PLACE OF DEATH

County _Putnam_ Registration District No. _718_ File No. _____

Township _____ Primary Registration District No. _6430_ Registered No. _13_

City _Unionville_ (No. _____ , St. _____ Ward)

2. FULL NAME _Dallas Marion Blythe_

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Male_

4. COLOR OR RACE _White_

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June 6 - 1883_

7. AGE YEARS _52_ MONTHS _9_ DAYS _6_ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Farmer_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Farm_

10. Date deceased last worked at this occupation (month and year) _June 1935_

11. Total time (years) spent in this occupation _30_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Putnam Co Mo_

FATHER

13. NAME _Henry Blythe_

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

MOTHER

15. MAIDEN NAME _Hannah Moore_

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

17. INFORMANT (ADDRESS) _Clovie Stewart_ _Unionville, Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Christian Home_ DATE _Mar 14 36_

19. UNDERTAKER (ADDRESS) _Comstock Mer Co_ _Unionville, Mo_

20. FILED _March 19 1936_ _J W Gillum_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Mar 12 , 19 36_

22. I HEREBY CERTIFY, That I attended deceased from _Dec. 16_, 19 _35_, to _March 12_, 19 _36_

I last saw him alive on _March 9_, 19 _36_. Death is said to have occurred on the date stated above, at _7 30 A._ m.

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

Date of onset

Myocardial degeneration & failure of _3/12/36_
Compensation
Bronchiectasis - a sequel to
Chronic Bronchitis (non tubercular) _1935_

Other contributory causes of importance: _____

Name of operation _None_ Date of _____
What test confirmed diagnosis? _Clin - lab._ 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? _No_

If so, specify _____

(Signed) _Benja E Cobb_ , M.D.

(Address) _Unionville, Mo._