SEP 16 1936

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

Do not use this space.

33633

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006
File No.
Registered No. 246

2. FULL NAME Chas. E. Blythe
(a) Residence, No. 1409 Richardson 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Blythe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1891
7. AGE YEARS 45 MONTHS 7 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water & Light Dept.
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) Missouri

FATHER
13. NAME John Blythe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Chick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Mae Blythe Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 9-12, 1936
19. UNDERTAKER (ADDRESS) A. Parker Furniture Co. Columbia, Mo.
20. FILED 9/10/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1936, to ——, 19..
I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial myocarditis — (extreme degree)
93 C
Date of onset
Other contributory causes of importance:
(Autopsy by Dr Neal)
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
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) E. G. Davis, Coroner, ~~M. D.~~
(Address) Columbia Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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