

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.

DEC 30 1936

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

Do not use this space.

47357

1. PLACE OF DEATH

County Stone  
Township Purcell  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 842  
Primary Registration District No. 6104

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Susan Bertha Blades

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>_____</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 1859</u>		
7. AGE <u>76</u>	YEARS <u>10</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Billings Mo</u>
	13. NAME <u>Arch Lahey</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Mary Garoutte</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>R.T. Blades</u> (ADDRESS) <u>Verona Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Billings Mo</u> DATE <u>Dec 3 1936</u>	
19. UNDERTAKER <u>A.S. Wallas</u> (ADDRESS) <u>Billings Mo</u>	
20. FILED <u>Dec 2 1936</u> <u>Mrs Ethel Duggitt</u> Registry	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1936

I last saw him alive on Dec 1 1936 Death is said

to have occurred on the date stated above, at 6:00 P.M.

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

Dilatation of heart  
was dead when I arrived

Other contributory causes of importance: 1

Name of operation ASB3 Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? No  
If so, specify \_\_\_\_\_

(Signed) JCR Duggitt, M. D.  
(Address) Verona Mo

