

FEB 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4614

1. PLACE OF DEATH

County Shelby
 Township Black Creek
 City Shelbyville

Registration District No. 831
 Primary Registration District No. 6092

File No. _____
 Registered No. _____
 St. _____ Ward) _____

2. FULL NAME

Peter Piger Blaise

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Della Blaise
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 - 1862
 7. AGE YEARS 74 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sigourney, Ia. (STATE OR COUNTRY)

13. NAME Mathias Blaise

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mary E. Blaise (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelbyville, Mo. DATE Jan - 26 - 1937

19. UNDERTAKER William A. Bopp (ADDRESS) Shelbyville, Mo.

20. FILED Jan 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan 24, 1937.
 I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of jaw Date of onset Jan. 36

Other contributory causes of importance: bone cancer

Name of operation bone removed Date of Jan. 36

What test confirmed diagnosis? clinical 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? Yes

If so, specify _____

(Signed) H. J. LeVere M. D.

(Address) Shelbyville, Mo.

