

MAY 19 1937

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

Do not use this space.

16069

 File No. 56
 Registered No. _____
 St. 3d Ward

 1. PLACE OF DEATH
 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo (No. _____) St. _____ Ward _____
 2. FULL NAME BLYTHE, Aubrey A. 131 Cornell St.
Veterans Administration Facility Cameron, Mo.
 (a) Residence, No. Excelsior Springs, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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 Etta Blythe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1892
 7. AGE YEARS 45 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown
12. BIRTHPLACE (CITY OR TOWN) Versailles, Mo. (STATE OR COUNTRY)13. NAME Newt Napoleon Blythe14. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY)15. MAIDEN NAME Luella Adair16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT Hospita Records (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo. DATE 4-27-3719. UNDERTAKER J. U. POLAND, Undertaker (ADDRESS) Cameron, Missouri20. FILED April 28, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937 1922. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1937, 19, to Apr. 26, 1937, 19.I last saw him alive on Apr. 26, 1937, 19. Death is said to have occurred on the date stated above, at 9:02 m. P.M.

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

Edema of lungs, acute Date of onsetOther contributory causes of importance: 112Asthmatic bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) J. E. DeGruhl, Clinical Director
 Veterans Administration Facility
 (Address) Excelsior Springs, Missouri.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

