SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunnicot — Registration District No. 651 — File No. 31393

Township Little Prairie — Primary Registration District No. 4388 — Registered No. 90

City Caruthersville (No. ..... St. ..... Ward)

2. FULL NAME Blanchie Duley

(a) Residence, No. E 1st 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorce

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26-1907

7. AGE: Years 30 — Months 1 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): Aug - 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

FATHER

13. NAME: Jim Duley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warden Louisiana

MOTHER

15. MAIDEN NAME: Louie Flemings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warden Louisiana

17. INFORMANT (ADDRESS): Louie Duley Warden Louisiana

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Warden Cemetery — DATE: Warden La. 8-13-1937

19. UNDERTAKER (ADDRESS): H. L. Smith Caruthersville Mo.

20. FILED Aug. 12 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 - 1937, to Aug. 10, 1937

I last saw her alive on Aug. 10, 1937. Death is said to have occurred on the date stated above, at 4:45 P.m.

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

Typhoid Fever — Date of onset 7-25-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) J. R. Pinion, M. D.

(Address) Caruthersville, Mo.

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