

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

Do not use this space.

**SEP 22 1937**

**1. PLACE OF DEATH**

County Clatsop  
 Township Bugbee  
 City (No. \_\_\_\_\_) \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 653  
 Primary Registration District No. 5871

File No. 31408  
 Registered No. 72

**2. FULL NAME**

Audrey Bernice Blue  
 (a) Residence, No. Bugbee City, R#1st. Ward \_\_\_\_\_

(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. 7 mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

|   |  |  |
|---|--|--|
| 3. SEX<br><u>F</u>  | 4. COLOR OR RACE<br><u>W</u>                 | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13 - 1934</u> |  |  |
| 7. AGE  | YEARS  | MONTHS   |
|   | <u>3</u>                                     | <u>19</u>  |
|   | DAYS   |  |
|   | <u>19</u>                                    |  |
|   | If LESS than 1 day, _____ hrs. or _____ min. |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to Aug. 1, 1937. I last saw her alive on Aug. 1, 1937. Death is said to have occurred on the date stated above, at 11:32 a.m.

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

Acute necrotic G.B. Pulmonary Date of onset

Other contributory causes of importance:

Secondary Anemia

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halscomb Mo.

13. NAME Herman Blue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Mo.

15. MAIDEN NAME Hazel Dye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halscomb Mo.

17. INFORMANT Herman Blue (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Halscomb DATE 8-2

19. UNDERTAKER Lloyd Russell (ADDRESS) 117 1/2 W. 1st St.

20. FILED 8-2 1937 J. W. Rhoades Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Ex. S. Was there an autopsy? no

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) A. H. Shively, M. D.

(Address) Hayti, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

