

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbiu
City (No. Route 2)

Registration District No. 73
Primary Registration District No. 5112

File No. 37090
Registered No. 234 Ward

2. FULL NAME

Julia Edward Blythe
(a) Residence, No. Route 2 St. Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Blythe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>8</u>	<u>27</u>		

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

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) (STATE OR COUNTRY) Boone County Missouri

13. NAME Martin Hardin

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

15. MAIDEN NAME Blont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blont Know

17. INFORMANT (ADDRESS) James Blythe Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Ulinet DATE 10-16-1937

19. UNDERTAKER (ADDRESS) Parker Furniture Co Columbus Mo

20. FILED 10/16/1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1935 to 10-15-1937

I last saw h. alive on 10-14-1937 Death is said to have occurred on the date stated above, at 4:15 A.M.

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

Other contributory causes of importance: Myocarditis

Name of operation no Date of no

What test confirmed diagnosis? no 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 no

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. D. Dwyer M. D.

(Address) Columbus Mo

STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS. Exact statement of OCCUPATION is very important.

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