

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

Do not use this space.

REC'D MAR 23 1938

1. PLACE OF DEATH

County Cutman 1
Township Grant
City Grant (No. 2)

Registration District No. 720
Primary Registration District No. 6234

File No. 7894
Registered No. 4

2. FULL NAME

(a) Residence, No. 400 St. Blue Ward. 400
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Blue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1876

7. AGE YEARS 62 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME James Blue 0

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Ellen Wells

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

17. INFORMANT Ellen Blue (ADDRESS) Cato Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. DATE March 4 1938

19. UNDERTAKER F. H. Husted & Son (ADDRESS) Thurmanville Mo.

20. FILED Mar 9 1938 E. E. McCallan Registrar 647

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938 to March 3 1938

I last saw him alive on March 2 1938 Death is said

to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Cardio Nephritis
95%

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chem. 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) P. V. Hart M. D.
(Address) Cato Mills Mo.

