

OCT 5 1938

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

31607

Do not use this space.

## 1. PLACE OF DEATH

(a) County Barry Registration District No. 30  
 (b) Township..... Primary Registration District No. 3003 Registered No. 41  
 (c) City Monett (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orin Alfred Blue

(a) Residence, No..... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13<sup>th</sup> 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1920

, 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
17 8 18

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Kansas City,  
(STATE OR COUNTRY) Kansas.Spilled by Frisco Railroad train  
Proposed 201813. NAME Peter Hugh BlueSkull punctured  
chest crushed.14. BIRTHPLACE (CITY OR TOWN) Kansas City,  
(STATE OR COUNTRY) Kansas.

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Elizabeth Haws

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

Accident, suicide, or homicide? accident Date of injury....., 19.....Where did injury occur? FRISCO RAILROAD YARDS  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Newton,  
(STATE OR COUNTRY) Kansas.

Manner of injury.....

Nature of injury.....

17. INFORMANT Mrs. P. H. Blue  
(ADDRESS) R. #1, Nixa, Mo.24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....(Signed) Lloyd Ballouway  
(Address) Monett Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ozark, Mo. DATE 9-15-3819. FUNERAL DIRECTOR B. C. Klepper,  
(ADDRESS) Ozark Mo.20. FILED 9-13- 1938 Wm. West  
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, Walter Ballway, Licensed Embalmer No. 2066  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Walter Ballway  
Licensed Embalmer No. 2066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)