REC'D DEC 15 1938

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

38796
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township St. Francise Hosp. — Primary Registration District No. 3009 — Registered No. 337
(c) City Ca — (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 453 Viola M. Blandford
(a) Residence, No. ..... St. [ ]
(Usual place of abode, if no street address, write county or city) (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 1922

7. AGE: Years 16 | Months 9 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. House work
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) Perry Co. Mo. U

FATHER
13. NAME John Blandford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo. U

MOTHER
15. MAIDEN NAME Lydia Fassold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo. U

17. INFORMANT John Blandford
(ADDRESS) Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo. DATE Nov. 4 1938

19. FUNERAL DIRECTOR (NAME) Young & Sons
(ADDRESS) Perryville Mo.

20. FILED 11-2 1938 J. M. Thompson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1938, to 11-2 1938
I last saw her alive on 11-2 1938. Death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Body Burn | |
| 151 | |

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? Acc. Date of injury 11/2 1938
Where did injury occur? Home Perryville Mo
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gasoline Explosion
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. L. Smith, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Edw G. Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

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

**If this body is not embalmed, above space should be left blank.**