

DEC 30 JAN 9 1939

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

Do not use this space.

44178

1. PLACE OF DEATH

34 County Polk
Township Benton
City 460 Martha F Blair (No. 1)

Registration District No. 705
Primary Registration District No. 2934

File No. 8
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Martha F Blair

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1-1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>27</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.

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

Mitral Insufficiency
Date of onset _____

Other contributory causes of importance: 92w

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 9

13. NAME Mc Cain

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Not known

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 9

17. INFORMANT Dora Trimble
(ADDRESS) Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE Dec 29, 1938

19. UNDERTAKER Hutcherson-Blair
(ADDRESS) Bolivar Mo

20. FILED 1-1 1939 Mary Samuel
Registrar.

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? _____ 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? _____
If so, specify _____
(Signed) J. B. Hutcherson Coroner
(Address) Bolivar Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 9-35-1

Date Filed 1-6-39