

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County RUDYAIN
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RUDYAIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 DAYS (Specify whether
In this community 02 years, months or days)

3. (a) PRINT FULL NAME CLAUDE BLUE HOBBS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife COYA 6. (c) Age of husband or wife if alive 49 years 22 1876

7. Birth date of deceased (Month) 2 (Day) 22 (Year) 1876

8. AGE: Years 62 Months 10 Days 9 If less than one day hr. _____ min. _____

9. Birthplace MEXICO (City, town, or county) (State or foreign country) 3

10. Usual occupation Gen labor 9

11. Industry or business Industry 9

MOTHER FATHER { 12. Name JAMES BLUE 9

18. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

14. Maiden name NANNIE (UNKNOWN)

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X COYA BLUE

(b) Address 921 E. Olive

17. (a) Tomb (b) Date thereof 1 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Flower

18. (a) Signature of funeral director Dr. Raymond J. Park

(b) Address 703 E. PARK-MEXICO

19. (a) Jan 3-1940 (b) Blanche Keely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 721 Balisar (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1940 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 28, 1939, to Jan 1, 1940 that I last saw him alive on Jan 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary edema

Due to Chronic nephritis

Due to Submaxillary gland infection

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations wound 1/21

Of autopsy wound

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Means of injury)

28. Signature H. Crasman (M. D. or other) Address Mexico Date signed 1/3/40

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1547
Do not use this space.

1. PLACE OF DEATH

(a) County Andrain Registration District No. 26
(b) Township..... Primary Registration District No. 3002 Registered No. 171
(c) City Mexico (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

Claude 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 62 10 9

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 3 1940 Blanche Keely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on , 19

Death is said to have occurred on the date stated above, at

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

Date of onset

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? 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) , M. D.

(Address)

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SUPPLEMENTARY

