

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

Do not use this space.

32072

1. PLACE OF DEATH

4 2 County Henry
6 Township Deerpark
3 City Montrose (No. St. Ward)

Registration District No. 352
Primary Registration District No. 4209

File No.
Registered No. 12 St. Ward)

2. FULL NAME

Otis O. Blaw

(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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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. 12, 1875

7. AGE. YEARS 57 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stock raiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Antrim (STATE OR COUNTRY) Missouri

13. NAME Edwin Wesley Blaw

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

15. MAIDEN NAME Lucy Ann Comstock

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

17. INFORMANT Cora A. Nickell (ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Mo DATE Oct. 9 1932

19. UNDERTAKER F. Lannarty (ADDRESS) Montrose Mo

20. FILED Oct 8 1932 J M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1931 to Oct. 7 1932

I last saw him alive on Oct. 7 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cancer of chest Date of onset 1926
53E
46B 53C
53D
Other contributory causes of importance:
Metastatic cancer spine 11-29-31
+ stomach.

Name of operation Removal of chest Date of June 14, 1926
What test confirmed diagnosis? X-ray 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 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W E Baggerly M. D.
(Address) Montrose Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

NOV 23 1932

