

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.

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

Do not use this space.

36312

1. PLACE OF DEATH

County Henry  
Township White Oak  
City Uricks Mo (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3495-

File No. \_\_\_\_\_  
Registered No. 78 Ward \_\_\_\_\_

2. FULL NAME

Jonathan Blevins  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 78 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clara Belle Blevins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13<sup>th</sup> 1855

7. AGE YEARS 78 MONTHS 1 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law farm work  
10. Date deceased last worked at this occupation (month and year) Nov. 1933 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Missouri

MOTHER FATHER 13. NAME Robert Preston Blevins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Missouri

15. MAIDEN NAME Nancy Crockett

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

17. INFORMANT (ADDRESS) Farm Emma Uricks Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mullen Cem DATE Nov 27 1933

19. UNDERTAKER (ADDRESS) J.P. Smith Uricks Mo

20. FILED 12/4 1933 Dr. J.P. Hampton Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1933 to Nov 25 1933

I last saw him alive on Nov 25 1933 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Abdominal Peritonitis 11-24-33  
12:40  
12:50  
Other contributory causes of importance: Hepatic Cirrhosis 54m?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physi 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J.G. McDonald, M. D.

(Address) Uricks Mo.

