

DEC 20 1935

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

Do not use this space.

37079

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Orick Primary Registration District No. 4445
City Orick (No.) St. Ward

2. FULL NAME

Louisa Blain

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/23/1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 5

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

9. Industry or business in which work was done, as silk mill, 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) Ray Co Mo
(STATE OR COUNTRY)

13. NAME Stanil Taylor

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

15. MAIDEN NAME Hannah Creason

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

17. INFORMANT Geo Blain
(ADDRESS) Orick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point Cem DATE 11/29 1935

19. UNDERTAKER W. Wilson
(ADDRESS) Orick Mo

20. FILED 16/12 1935 State
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1935 to Nov 27 1935

I last saw him alive on Nov 28 1935. Death is said

to have occurred on the date stated above, at 3 a m.

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

Date of onset

Organic Heart Disease 1932

Incompetent Valves and Musculature

Other contributory causes of importance:

Arterio Sclerosis
Chronic Nephritis

Name of operation 12/1 Date of

What test confirmed diagnosis? L 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?

If so, specify

(Signed) Robt. Streets

(Address) Orick Mo

M. D.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

