

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

Do not use this space.

40200
~~40110~~

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....1001
Township.....St. Joseph..... Primary Registration District No.....1245
City.....St. Joseph..... (No. St. Joseph's Hospital)..... St. Ward

85

2. FULL NAME.....William L. Blain.....

(a) Residence, No. St. Ward. Ray Co. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. W. L. Blain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	67	7	19	

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

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) Dec, 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co., Mo.

13. NAME George Blain

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

15. MAIDEN NAME Jane Shreve

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

17. INFORMANT (ADDRESS) A. G. Blain Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orrick, Missouri DATE Dec, 14, 1931

19. UNDERTAKER (ADDRESS) Walter Moeckler 1302 Faraon St. St. Joseph Mo.

20. FILED 12-12 19 31 John R. Bunker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1931 . 19

22. I HEREBY CERTIFY, That I viewed deceased on Dec. 13, 1931, 19... to... 19...

I last saw him alive on... 19... Death is said to have occurred on the date stated above, at 12.20 A.M.

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

Fractured Skull,
Struck by automobile while riding in a farm wagon
2:10 PM
2:12 PM

Date of onset
Dec. 12, 1931

Other contributory causes of importance:

Name of operation..... **Date of**.....

What test confirmed diagnosis? Clinical. **Was there an autopsy?** No...

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident **Date of injury** Dec. 12, 1931

Where did injury occur? 10 mi. so. of Cameron Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On highway #69, 10 mi. so. of Cameron, Mo.

Manner of injury Struck by automobile.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? No...
If so, specify

(Signed) B. W. Tadlock, Coroner M. D.
(Address) King Hill Bldg. St. Joseph, 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.

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

