

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.

JUL 29 1933

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

Do not use this space.

20800

1. PLACE OF DEATH

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

File No. _____
Registered No. 10

2. FULL NAME James W Blaine

(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 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 Lucy Blaine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/1/1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 2 20

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

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

13. NAME Samuel Blaine

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

15. MAIDEN NAME Frances Mason

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

17. INFORMANT Wm Blaine (ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point Cem DATE 6/22 1933

19. UNDERTAKER C. V. Gibson (ADDRESS) Orwick, Mo

20. FILED June 25 1933 L. E. Ellis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17 1933, to June 20 1933

I last saw him alive on June 20 1933. Death is said

to have occurred on the date stated above, at 12:10 AM

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

Other contributory causes of importance: _____ Date of onset _____

Intro-vascular fracture of hip joint with shock and edema of lungs

Other contributory causes of importance: 1116

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 Injured at Home

Nature of injury Fall on Concrete Walk

Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Sheets M. D.

(Address) Orwick Mo

