

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

Do not use this space.

1. PLACE OF DEATH AUG 18 1936
 County Ray
 Township RICHMOND
 City RICHMOND, MO (No. _____)

Registration District No. 744
 Primary Registration District No. 3035

File No. 32066
 Registered No. 99
 St. _____ Ward _____

2. FULL NAME Lenora May 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 Female 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 Earl Blaine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 10 25

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, MO.

FATHER 13. NAME John Tomlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosworth, Mo

MOTHER 15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT Earl Blaine
 (ADDRESS) RICHMOND, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo DATE Aug 11 1936

19. UNDERTAKER C. M. Joiner
 (ADDRESS) Richmond, Mo

20. FILED 8-10-36 E. E. Day
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Suicide by gunshot

Other contributory causes of importance: 167

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Suicide Date of injury 8-9-36

Where did injury occur? Richmond Mo
 (Specify city or town, county, and State)

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

Manner of injury Suicide
 Nature of injury gunshot wound thru head

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

(Signed) E. E. Day Coroner, M.D.
 (Address) Richmond 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.

