

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

Do not use this space.

35139

JAN 9 1939

1. PLACE OF DEATH

County Ray
Township Liberty
City..... (No.....)

Registration District No. 201
Primary Registration District No. 5780

File No.....
Registered No. 99
St..... Ward.....

2. FULL NAME

William Ambrose Blyth

(a) Residence, No. 2007 Home St. Ward.....
(Usual place of abode)

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. (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) widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 5

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Immater
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2007 Home
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) Ray, Mo.

FATHER 13. NAME Thomas Blyth

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

MOTHER 15. MAIDEN NAME Margaret Snow

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

17. INFORMANT (ADDRESS) Paul R. Rogers Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stony Point Mo DATE 11/19/32

19. UNDERTAKER (ADDRESS) Church-Archer Co. Mo.

20. FILED DEC 10 1939 Registrar W. H. Shadron

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 - 1932

22. I HEREBY CERTIFY That I attended deceased from July 3, 1932 to Nov 18, 1932. I last saw him alive on July 17, 1932. Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Sexicity
162
162
Other contributory causes of importance: (1)

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify JA
(Signed) JA, M. D.
(Address) Liberty, 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.

