

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

Do not use this space.

42167-A

**1. PLACE OF DEATH**

County Ray Co Mo

Registration District No. 789

Township Cadwell

Primary Registration District No. 4491

City Flouring (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) L

**2. FULL NAME** Ben Blythe

(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**

Colored

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widower

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

Widower

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

5/6/1848

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

80

7

21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ray Co Mo

**10. NAME OF FATHER**

Wes Blythe

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Don't Know

**12. MAIDEN NAME OF MOTHER**

Don't Know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Don't Know

**14.**

INFORMANT

(Address)

Sallie Ernest

Flouring Mo

**15.**

FILED

Jan 15 1929

W. W. Burgess

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 12/27 1928

**17. I HEREBY CERTIFY, That I attended deceased from** Nov 21, 1928, to Dec 27, 1928 that I last saw him alive on Nov 21, 1928, and that death occurred, on the date stated above, at 10:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Tongue  
45 1/2 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

same (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. P. Williams, M. D.

, 19 (Address) Orwick, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

South Park Cem

12/29 1928

**20. UNDERTAKER**

ADDRESS

C. W. Libber

Orwick Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS IMPORTANT

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.

