

FORM RESERVED FOR BINDING

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

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.

PLACE OF DEATH		MISSOURI STATE BOARD BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Dea</u>	Registration District No.	<u>262</u>
Township	<u>Polk</u>	File No.	<u>788</u>
or		Primary Registration District No.	<u>5364</u>
Village		Registered No.	
or		St.	
City	(NO. _____) _____	Ward	
<b>FULL NAME</b> <u>Margaret Blay</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<u>female</u>	<u>white</u>	<u>Married</u>	<u>June 28, 1913</u> (Month) (Day) (Year)
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>June 15, 1844</u> (Month) (Day) (Year)		<u>Jan 26, 1913, to June 28, 1913,</u>	
AGE		that I last saw her alive on <u>Jan 26, 1913,</u>	
<u>69</u> yrs. <u>15</u> mos. <u>15</u> ds.		and that death occurred, on the date stated above, at <u>3 P</u> m.	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>house wife</u>		<u>Apoplexy</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>A-C</u>		<u>82A</u> <u>97</u>	
BIRTHPLACE		(Duration) _____ yrs. _____ mos. _____ ds.	
(City or town, State or foreign country) <u>Ohio</u>		Contributory <u>Arterio Sclerosis</u>	
PARENTS	NAME OF FATHER <u>John Harper</u>		(Duration) _____ yrs. _____ mos. _____ ds.
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>		(Signed) <u>E M Reynolds</u> M. D.
	MAIDEN NAME OF MOTHER <u>Elizabeth Craig</u>		<u>Jan 28, 1913</u> (Address) <u>Union St. No. 10</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>W. H. Blay</u>			
(ADDRESS) <u>King City</u>			
Filed <u>Jan 28, 1913</u>		REGISTRAR <u>E M Reynolds</u>	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
<u>King City</u>		<u>Jan 28, 1913</u>	
UNDERTAKER		ADDRESS	
<u>W. L. Cole</u>		<u>King City</u>	

