OCT 2 6 1928

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

Do not use this space.

27135

1. PLACE OF DEATH
County Howell
Township Howell
City West Plains. (No. ..... St. ..... Ward)
Registration District No. 384
Primary Registration District No. 4277
File No. 90
Registered No. .....

2. FULL NAME Betty Lou Nedblake
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/10/1928.

7. AGE — YEARS — MONTHS — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Plains Mo
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Greydon W. Nedblake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nebraska
12. MAIDEN NAME OF MOTHER Ona Grady Nedblake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nebraska

14. INFORMANT Mrs G.W. Nedblake
(Address) West Plains Mo.

15. FILED 9-1-1928 O.P.A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1928, to Aug. 29th, 1928 that I last saw her alive on Aug. 29th, 1928, and that death occurred, on the date stated above, at 9:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Respiratory Paralysis.

1148 [illegible]

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Unknown.

(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? Clinical

(Signed) A H Thornburgh, M.D.
8/30, 1928 (Address) A. H. Thornburgh, M.D.

*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: Oak Lawn Cemetery
DATE OF BURIAL: 8/30/28

20. UNDERTAKER: George Stapp
ADDRESS: West Plains

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.