

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

Do not use this space.

16570

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 14176 Union Ave) St. .... Ward)

File No. ....  
Registered No. 4672

**2. FULL NAME**

John A. Blythe  
(a) Residence. No. .... St. 5 Ward. 6  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Clara J. Blythe  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1840  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 5 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Captain  
(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat  
(c) Name of employer

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

East Liverpool Ohio  
(STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Thomas Blythe  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland  
12. MAIDEN NAME OF MOTHER Tillie Hamilton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

**14.**

INFORMANT Mrs. Lee Coudy  
(Address) 1476 Union Ave

**15.**

FILED JPR 23 1929 Wm C Stanley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/21 1929  
17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1928 to April 21 1929 that I last saw him alive on Apr 21 1929, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis Chronic Interstitial  
131  
97  
16 History (duration) 2 yrs 4 mos ✓ ds.  
CONTRIBUTORY (SECONDARY) arterial Sclerosis  
Smile (duration) 10 yrs 4 mos ✓ ds.

18. WHERE WAS DISEASE CONTRACTED W  
IF NOT AT PLACE OF DEATH ✓  
DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? physical + lab.  
(Signed) J. D. Peeler M. D.

(Address) Apr 21 1929 2505 N 15th  
\*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 ST. Peters Cemetery DATE OF BURIAL Apr 24 1929  
20. UNDERTAKER Elmer Shepard ADDRESS 1167 Hamilton

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.

129  
88  
31

