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

Do not use this space.

13770

File No.

Registered No. 69

96

1. PLACE OF DEATH

County St. Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 6031

City ~~Richmond Heights~~ No. (No. 622 County Hills Drive St. Ward)

MAY 28 1932

2. FULL NAME Blanche A. Nalley

(a) Residence, No. 622 County Hills Drive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert J.R. Nalley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3/4

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) Gallesburg - Ills.

FATHER

13. NAME Chas. F. Knox

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

MOTHER

15. MAIDEN NAME Nancy L. Garrett.

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

17. INFORMANT Robert J.R. Nalley
(ADDRESS) 622 County Hills Drive.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gray Summit Cem. DATE April 17 1932

19. UNDERTAKER Crogan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED 4-16 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14th 1932, to 1932, I last saw her alive on April 14th 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Cerebral apoplexy — Date of onset 4/14/32
O L A
Hyp. C.
102

Other contributory causes of importance:
Acute gastritis, accompanied by violent vomiting — Date of onset 4/14/32
Hypertension.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1932
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

(Signed) E. B. Walters, M. D.
(Address) Kirkwood, Mo

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.