

APR 23 1938

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

Do not use this space. 7

10492

1. PLACE OF DEATH

County Jackson
Township 1st
City H. C. Mo. (No. 1408 G. E. E. E.)Registration District No. 399
Primary Registration District No. 1007File No. _____
Registered No. 1145
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1408 G. E. E. E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Bland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 18947. AGE YEARS 41 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.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. _____

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) Gouway, Arkansas13. NAME J. N. Stevens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia15. MAIDEN NAME Jeannie Stevens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia17. INFORMANT (ADDRESS) Lewis Bland, 1408 G. E. E. E.18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge, Mo. 5 31 DATE _____ 193819. UNDERTAKER (ADDRESS) Payle Bros, 170 S. 2nd20. FILED 3-4 1938 M. M. Crow, Dist. Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-36, 193622. I HEREBY CERTIFY, That I attended deceased from 2-9-36, 1936 to 3-1-36, 1936I last saw her alive on 3-1-36, 1936 Death is said to have occurred on the date stated above, at 7:45 AM

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

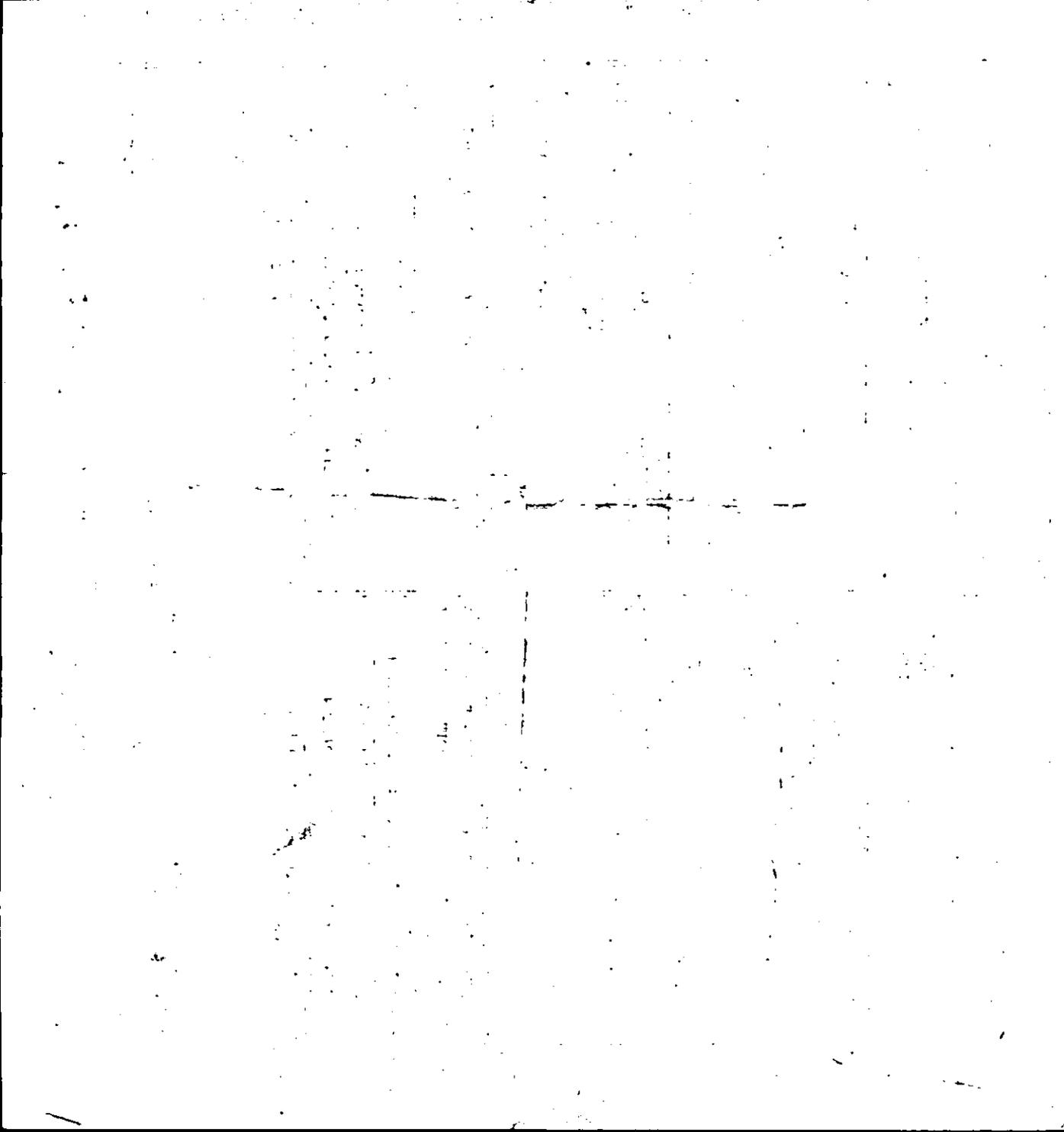
Subacute Nephritis
Complication acute myocarditis
Obese
Other contributory causes of importance: _____
Date of onset _____Name of physician _____ Date of _____
What test performed? _____ Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 suicide
Nature of injury suicide24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: _____(Signed) Henry B. Kypreos M. D.
(Address) 1005 - 5th St

A. B. - Every item of information should be carefully supplied. - Do not stamp or write EXCELLENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Jackson
Township J. C. Mo
City J. C. Mo (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1145-
St. _____ Ward _____

2. FULL NAME

Blancey Bland

(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 <u>F</u> | 4. COLOR OR RACE <u>col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | |
| 7. AGE | YEARS | MONTHS |
| | <u>41</u> | <u>11</u> |
| | | DAYS |
| | | <u>2</u> |
| | | If LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| | 13. NAME | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| | 15. MAIDEN NAME | |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | |
| | 17. INFORMANT (ADDRESS) | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE _____ DATE _____, 19__ | | |
| 19. UNDERTAKER (ADDRESS) | | |
| 20. FILED <u>4</u> 19 <u>36</u> <u>M. M. Brown</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1936 to 3-1, 1936. I last saw him alive on 3-1-36, 1936. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Subacute nephritis
cause unknown
Other contributory causes of importance:
hypertension

Name of operation _____ Date of _____
What first confirmed the disease? hypertension Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (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) Henry B. Brown, M. D.
(Address) 1605 NE 18th St
K.C.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is not necessary.

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