

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH *Paris*
31 County *Washington* Registration District No. *249*
Township *Washington* Primary Registration District No. *5347*
City (No.) St. Ward

2. FULL NAME *Blora Mae Terry*
(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.

File No. *16189*
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 24 - 1934</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>2</i>	<i>10</i>	<i>24</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>			
	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) <i>Paris Mo.</i>				
MOTHER	13. NAME <i>Ray Terry</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Paris Mo.</i>			
	15. MAIDEN NAME <i>Mavis Garton</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>South Webster</i>				
17. INFORMANT <i>Ray Terry</i> (ADDRESS) <i>Paris Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sealand cemetery</i> DATE <i>Feb 18 1937</i>				
19. UNDERTAKER <i>W. D. Higgins</i> (ADDRESS) <i>Bellevue City Mo.</i>				
20. FILED <i>April 29, 1937 Mrs. H. A. Cunningham</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 3*, 1937, to *Feb 18*, 1937.
I last saw her alive on *Feb 15*, 1937. Death is said to have occurred on the date stated above, at *1:45 p.m.*
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset *Feb 3 37*

Other contributory causes of importance: *110*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 19____
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? *No*
If so, specify *W. F. Warren*, M. D.
(Signed) _____ (Address) *Bellevue City Mo.*

