

AN FEB 17 1940

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

2203  
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250  
(b) Township Gallatin Primary Registration District No. 4150 Registered No. 2  
(c) City Gallatin (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benjamin Boney Blythe

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1870

7. AGE YEARS 69 MONTHS 7 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as 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) Harrison Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME John Blythe

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

MOTHER 15. MAIDEN NAME Mazanna Bailey

16. BIRTHPLACE (CITY OR TOWN) do not know (STATE OR COUNTRY)

17. INFORMANT Mrs. Clara Blythe (ADDRESS) Gallatin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cem. Mo. DATE Jan. 16, 1940

19. FUNERAL DIRECTOR (NAME) E. M. Young (ADDRESS) Gallatin Mo.

20. FILED Jan. 15, 1940 H. G. Hope Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Jan. 13, 1940  
I last saw him alive on Jan. 12, 1940. Death is said to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Paralysis acute ascending Date of onset Jan 12-40

Other contributory causes of importance:  
Arterio Sclerosis (general) 1934

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 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 \_\_\_\_\_ (Signed) M. A. Smith, M. D.

(Address) Gallatin Mo.

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.

RECEIVED

District Health Officer No. 98,  
District File Number 40-121  
Date Filed FEB 13 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *C. M. Jones*  
Licensed Embalmer No. *3453*  
P. O. Address *Galatin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, above space should be left blank.