

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

Do not use this space.

9827

1. PLACE OF DEATH

County Merces
Township Princeton
City Princeton (No. _____)

Registration District No. 556
Primary Registration District No. 4328

File No. _____
Registered No. 1440
St. _____ Ward _____

2. FULL NAME

William James Bloom

(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 Male 4. COLOR OR RACE Yes 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 151 D 1610
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Princeton, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Bloom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Merces Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Esther Rutledge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Merces Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Charles Bloom
(Address) Princeton Mo

15. FILED 3/22 1928 Jm Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 13 1928 to Mar 21 1928 that I last saw him alive on Mar 21 1928, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Either Congenital occlusion common bile duct or Portal thrombosis. Septicemia when born. Came very near not surviving developed a mass between lungs and embolus - autopsy contributory refused.

18. WHERE WAS DISEASE CONTRACTED MO
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? A.S.P. Princeton
(Signed) Princeton Mo., M. D.
3/21 1928 (Address)

*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 Princeton Co. Mo. DATE OF BURIAL Mar 22 1928

20. UNDERTAKER Noel Mass ADDRESS Princeton Mo.

K. R.—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.

PERMANENT RECORD

1928

