30 1928

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

Do not use this space.

12026

1. PLACE OF DEATH
County Vernon Registration District No. 875 File No.
Township Washington Primary Registration District No. 6162 Registered No. 66
City ~~Nevada~~ (No. St. Ward)

2. FULL NAME "Bud Blunt"
(a) Residence. No. State Hospt. #3 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. 7 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): not known
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-12-1847
7. AGE: about 81-8 YEARS; MONTHS 2 D; DAYS 18; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: formerly bartender
(b) General nature of industry, business, or establishment in which employed (or employer): has been an invalid
(c) Name of employer: for near 20 yrs.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

PARENTS
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT (Address): Co. Clerk of Jasper Co. Mo. Carthage 1910
15. FILED 4-4 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Mar 4, 1928 that I last saw him alive on Mar. 4, 1928, and that death occurred, on the date stated above, at 10-40 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 Lobar Pneumonia
97 101 A
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. T. O'Dell, M. D
Mar. 5, 1928 (Address) State Hospt. #3 Nevada Mo.

*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: State Hosp. Cemetary
DATE OF BURIAL: 3-8 1928
20. UNDERTAKER: Terry Funeral Home
ADDRESS: Nevada 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.