

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

Do not use this space.

**1. PLACE OF DEATH**

County Butler Registration District No. 990 File No. 23159  
 Township Poplar St. Francis Primary Registration District No. 5133 Registered No. 7  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Paul K. Blunt  
 (a) Residence, No. .... St. .... Ward. Marshfield Mo.  
 (Usual place of abode),  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.  
 (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 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) Not known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 22</u>	<u>—</u>	<u>—</u>	<u>—</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Lineman Tel  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Marshfield Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Beit Blunt

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

12. MAIDEN NAME OF MOTHER Dora Wynn

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

14. INFORMANT Calvin Miller  
 (Address) Marshfield Mo

15. FILED July 25 1928 REGISTRAR M. G. Ball

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1928

17. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 2:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental Drowning

CONTRIBUTORY (SECONDARY) 183  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Frank Bororo

7/10/28 (Address) Poplar St. 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 Marshfield Mo DATE OF BURIAL July 14 1928

20. UNDERTAKER Frank Undertaking Co. Poplar St. Mo ADDRESS

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.

21 1928

