

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31101

1. PLACE OF DEATH

County Mercer
 Township Mercer
 City Mercer, Mo. (No. _____)

Registration District No. 553
 Primary Registration District No. 4325

File No. _____
 Registered No. 26
 St. _____ Ward _____

2. FULL NAME

(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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Aug. 24, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

53015

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Taxi

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mercer, Mo.

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John Bloom

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mercer Co.

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mercer Co.

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Bill EarlyMercer, Mo.

15.

FILED

Oct 19, 28Josephine Ellis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 8, 1928

17.

I HEREBY CERTIFY That I attended deceased from

Aug 17, 1928 to Sept 8, 1928that I last saw him/her alive on Sept 8, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Organic Heart Disease
95B
132P

CONTRIBUTORY (SECONDARY)

Nephritis

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

Laboratory test
of throat, urine
(Signed) M. A. Smith, M. D.
19 (Address) Limerick, Iowa

*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

DATE OF BURIAL

EarlySept 11, 1928

20. UNDERTAKER

ADDRESS

Nail Mass
Chambers
Mo

