V 20 1928

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

Do not use this space. 3

32634

File No. 16

Registered No.

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13 — Township: — Primary Registration District No.: 4010

City: Savannah (No. Dr Nichols Sanitorium St. Ward)

2. FULL NAME James P. Blount

(a) Residence. No. St., Ward. Denton, Texas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katie D. Blount

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch. 11. 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self

9. BIRTHPLACE (CITY OR TOWN): Carroll
(STATE OR COUNTRY): Mississippi

PARENTS

10. NAME OF FATHER: James M. Blount
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: W. S. Blount
(Address): 800 Shelby Martin St.

FILED: 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 9, 1928, that I last saw h alive on Oct 9, 1928, and that death occurred, on the date stated above, at 2:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Wm Nurse

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) G. Mitchell M.D.

10/9 1928 (Address) Savannah 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: Denton, Texas — DATE OF BURIAL: Oct 11 1928

20. UNDERTAKER: F. A. Bowman — ADDRESS: Savannah 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.