

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

Do not use this space.

35518

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. Sambaroum) St. _____ Ward _____

File No. _____
 Registered No. 10580

2. FULL NAME

Ernest McBlure
 (a) Residence. No. 2627 Famble St. M Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 27 yrs. 4 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 Colored 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) Mar. 5, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 | 7 | 20

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

9. BIRTHPLACE (CITY OR TOWN) Rockport
 (STATE OR COUNTRY) Boone Co. Missouri

10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rockport
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rockport
 (STATE OR COUNTRY) Missouri

14. INFORMANT H. Sturmill
 (Address) City Inn

15. FILED 28 1928 Maub Starloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-24-1928
 17. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to 10-24-1928, 1928.
 that I last saw him alive on 10-24-1928, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senescent Paralytic
83
34 (Syphilis)
 (duration) yrs. 2 mos. 26 da. +

CONTRIBUTORY (SECONDARY) 76
 (duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRIBUTED
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) H. Sturmill, M. D.
10 25 1928 (Address) 400 Arsenal St

*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 Washington Park DATE OF BURIAL Oct 29 19 28

20. UNDERTAKER Manuel Voth Co. ADDRESS 1405 1/2 Foreway

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

