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

Do not use this space.

471

1. PLACE OF DEATH Callaway County ..... Registration District No. 104
Township Fulton ..... Primary Registration District No. 5153
City ..... (No. ....., ... St. ..... Ward)
File No. .....
Registered No. 31

2. FULL NAME Fred Bloom ,

(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: ale
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 Husband Of Pauline Bloom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep't, 31-1851

7. AGE: Years 77 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Conraid Bloom
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany,

14. INFORMANT Mrs, Pauline Bloom,
(Address) R, F, D, Fulton, Mo,

15. FILED June 29 1929 R. N. Crews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at About, 11, A, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute dilitation heart
(duration) ? yrs. ? mos. ? ds.
CONTRIBUTORY (SECONDARY) Uremic sclerosis
(duration) ? 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? .....
WHAT TEST CONFIRMED DIAGNOSIS? Testimony attending Physician
(Signed) R. E. Hall Coroner, M. D
, 19 (Address) Fulton Callaway Co 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: Hillcrest Cemetery — DATE OF BURIAL: Jan, 30/1929
20. UNDERTAKER: Herndon- Taylor Furn-C — ADDRESS: Fulton, 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.