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

Do not use this space.

8901

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2595

Township ..... Primary Registration District No. 1002 Registered No. .....

City St. Louis (No. St. Louis Baptist Hosp. St. ..... Ward)

2. FULL NAME Emily Dodd Bliss

(a) Residence. No. 4956 Columbia St. 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
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: Norman S. Bliss

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 3 - 1887

7. AGE: Years 41 | Months 3 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phillipsburg N. Jersey

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PARENTS

10. NAME OF FATHER: Allen Dodd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

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12. MAIDEN NAME OF MOTHER: Isabel Tolmie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey -

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14. INFORMANT: Norman S. Bliss
(Address) 4956 Columbia Ave

15. FILED 26 1929 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 25 1929

17. I HEREBY CERTIFY, That I attended deceased from October - 19 28, 1928, to February 25, 1929 that I last saw her alive on February 25, 1929, and that death occurred, on the date stated above, at 3 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis and Septicemia
123 D
123 A (duration) yrs. mos. ds.
129
CONTRIBUTORY (SECONDARY): Gangrene Intestinal unknown. Fecal Impaction (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 28th 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) W. F. McCaskey, M.D.
Feb 25, 1929 (Address) 5143 Maple

*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: Easton Penna
DATE OF BURIAL: Feb 28 1929

20. UNDERTAKER: C. A. Lupton
ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Morse
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