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

Do not use this space.
11540

MAR 28 1929

CERTIFICATE OF DEATH

County Mercer Registration District No. 556
Township Morgan Primary Registration District No. 4328
File No.
Registered No. 171
City Hamilton (No. St. Ward)

2. FULL NAME Mrs. Hortense Bloom.
(a) Residence. No. Mrs. Hortense Bloom 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	cw.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 30, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	21	7	8.	

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

9. BIRTHPLACE (CITY OR TOWN) Mercer Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jim Ruddell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Hortense Ruddell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mo

14. INFORMANT Charles Bloom
(Address) Princeton Mo.

15. FILED 4/10 1929 J M Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 29 1929, that I last saw h. alive on March 29, 1929, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - Lobar - Rt. & Left Lower Lobes - Empyema following Cholecystectomy -
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Pulmonary tuberculosis with chronic myocarditis -
(duration) 10 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Lab. findings
(Signed) C. S. Preston, M. D
March 29, 1929 (Address) Princeton, 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	DATE OF BURIAL
Princeton, Mo.	Mar 31 1929.
20. UNDERTAKER	ADDRESS
Hall & Hess.	Princeton Mo.

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD