

AUG 22 1929

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

Do not use this space.

23775

## 1. PLACE OF DEATH

County RollingerTownship WayneCity WayneRegistration District No. 69Primary Registration District No. 708

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11, 29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>4</u>	<u>16</u>	

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓(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) mo

PARENTS

10. NAME OF FATHER Fred Blominger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) mo12. MAIDEN NAME OF MOTHER Mary A. Staats

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) mo

## 14.

INFORMANT Fred Blominger(Address) Palma wa

## 15.

FILED 8-1-29 T. T. Kirkpatrick

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 19 2917. I HEREBY CERTIFY, That I attended deceased from July 23, 19 29 to July 28, 19 29 that I last saw him alive on July 27, 19 29, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Dysentery  
 135 (duration) yrs. mos. da.  
 130 CONTRIBUTORY Bottle fed, with improper (SECONDARY) covered for, 27th (duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓ WAS THERE AN AUTOPSY?

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. T. Kirkpatrick M. D.

, 19 (Address)

\*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

Beatty Cemetery7-28 19

## 20. UNDERTAKER

ADDRESS

W. HarrisAssessing

