64

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

Do not use this space.

28359

1. PLACE OF DEATH

County: Marion — Registration District No. 547 — File No.

Township: Mason — Primary Registration District No. 3029 — Registered No. 188

City: Hannibal (No. 1252 Bway St. 6th Ward)

2. FULL NAME Blythe L. Jurgensen Jr.

(a) Residence. No. 1252 Bway St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1929

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

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

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Blythe L. Jurgensen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Myrtle Sullivan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe City (STATE OR COUNTRY) Mo.

14. INFORMANT: Mr. Blythe L. Jurgensen (Address) Hannibal Mo.

15. FILED 8/7, 1929 C. Clousius REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-1- 1929

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1929, to Aug 1, 1929, that I last saw him alive on Aug 1, 1929, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Icterus Neonatorum

161B (duration) ....yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) 160 (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests

(Signed) Frederick B. Spencer, M. D.

, 19 (Address) 1209 Market St. Hannibal 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: Monroe City Mo. Holy Rosary Cemetery — DATE OF BURIAL: 8-3- 1929

20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal 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.