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

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.

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

Do not use this space.

33039

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1194

City St. Joseph (No. Noyes Baptist Hospt. St. Ward)

2. FULL NAME Josephine Blunt

(a) Residence. No. 6502 Brown 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: Female
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) Oct. 5, 1929

7. AGE: Years 0 — Months 0 — Days 11 — 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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William G. Blunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Green Co. (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Leona Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bertha (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Wm G. Blunt (Address) St. Joseph, Mo.

15. FILED Oct 17 1929, 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929, to Oct 16, 1929 that I last saw her alive on Oct 15, 1929 and that death occurred, on the date stated above, at Sunset m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

159

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) 161a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Babies wt. & mo. of pregnancy

(Signed) W. T. Stacy, M.D.

10/18, 1929 (Address) Kirkpatrick Bldg.

*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: King Hill Cem. — DATE OF BURIAL: Oct. 17 29 19

20. UNDERTAKER: Fred D Clark — ADDRESS: 3025 King Hill Av.