

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

Do not use this space.

1638

**1. PLACE OF DEATH**

County Jefferson Registration District No. 420  
Township Lebanon Primary Registration District No. 302V  
City Lebanon, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4

**2. FULL NAME**

Chas Francis Blum  
(a) Residence, No. 511 E. Stone St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. — mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? 65 yrs. mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1864  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 65- 6 19  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Frank Blum  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Julia Bradocky  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Mary Blum  
(Address) 511 E Stone St., Lebanon Mo.

15. FILED 117 19 30 D. H. Reegally  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1930  
17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1929, to Jan 5 1930 that I last saw him alive on Jan 5 1930 and that death occurred, on the date stated above, at 7:35 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
131  
92A  
92A (duration) 0 yrs. 0 mos. 1 ds.  
CONTRIBUTORY (SECONDARY) Chronic glomerular nephritis + mitral regurgitation of the heart  
unknown (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 usual clinical  
(Signed) Walter E. Gibson, Jr. M. D.  
19 (Address) Lebanon, 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 Hope Hill Mo. DATE OF BURIAL 1-8 9, 19-30

20. UNDERTAKER Richardson, Motherhead. ADDRESS Lebanon 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. WRITE PLAINLY, WITH UNFADING INK. 18-1930

