

APR 2 1930

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

Do not use this space.

7935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Jackson Primary Registration District No. 4070 File No. _____
City Jackson (No. 117) North 2nd West Registered No. 15 St. _____ Ward _____

2. FULL NAME

Mrs. Rosette Blumberg
(a) Residence, No. 710 Benton St. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 2 2

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

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Loggins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bertrams
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Louis Vorweg
(Address) 402 Benton

15. FILED 3-11-30 D. G. Seibert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, to March 11, 1930
that I last saw him alive on March 10, 1930, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senility
164 162 (duration) yrs. mos. ds. 7

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Springfield
(Signed) W. D. H. Stodick, M. D.
3-11-30 (Address) Jepperson 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 Sarson Mt. Cemetery DATE OF BURIAL 3-13 1930

20. UNDERTAKER Al Blumkopf ADDRESS 503 E. Broadway Cape Girardeau Mo.

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.

