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

Do not use this space.

20123

JUL 23 1930

1. PLACE OF DEATH

County Morgan — Registration District No. 917 — File No.

Township Hawcreek — Primary Registration District No. 1773 — Registered No. 20

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jasper Newton Blasyengym

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27th 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	5	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor in Bank

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Trus Blasyengym

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lout Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hanah Neitzert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nort Known
(STATE OR COUNTRY)

14. INFORMANT Wm M. Adair
(Address) Stover Mo.

15. FILED 6/14, 1930 H. N. Lutman REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1930, to June 12, 1930 that I last saw him alive on June 11, 1930 and that death occurred, on the date stated above, at 11.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal adhesions result of operation ~~Dec 1930~~ to close an abdominal Hernia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 11801

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 122 A

IF NOT AT PLACE OF DEATH 122 B

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) S N Newton, M. D.

June 2, 1930 (Address) Versailles 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	DATE OF BURIAL
Forest Hill Cemetery Kansas City Mo	6/14th 1930

20. UNDERTAKER	ADDRESS
Underwood	Versailles Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan — Registration District No. 919 — File No. 83

Township Howcreek — Primary Registration District No. 5793 a — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jasper Newton Blasyengym

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	5	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor in Bank

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Irus Blasyengym

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Hanah Neitzert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Wm. M. Adair (Address) Stover Mo.

15. FILED Aug 11th 1930 Wm. L. Ripperger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 11 1930 to June 12, 1930 that I last saw him alive on June 11, 1930, and that death occurred, on the date stated above, at 11 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal adhesions result of operation to close an abdominal hernia (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? Symptoms

(Signed) S. N. Newton, M. D

6/12, 1930 (Address) Versailles 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 Forest Hill Cemetery Kansas City Mo — DATE OF BURIAL 6/14 1930

20. UNDERTAKER Kidwells — ADDRESS Versailles Mo

SUPPLEMENTARY

S-20123