

AUG 20 1930

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

Do not use this space.

22026

1. PLACE OF DEATH

County..... Buchanan
Township..... St. Joseph
City.....

Registration District No. 85

Primary Registration District No. 1001
(No. 6502 Brown St.)

File No.....
Registered No. 860
St. Ward)

2. FULL NAME

Leona Ethel Blunt

(a) Residence. No. 6502 Brown St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 10. 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 11 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Douglas Co. (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Pearson Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Jane Mackly. (Address) 6502 Brown St. St. Joseph, Mo.

15. FILED JUL 28 1930 John G. M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/19, 1930, to 7/26, 1930. D. that I last saw him alive on 7/26, 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Operation for Salpingectomy
13913
111A

(duration) yrs. mos. ds. 8
CONTRIBUTORY (SECONDARY) Pulmonary thrombosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/19-30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Putney & Zeleny
(Signed) J. J. Stauter M. D.

7/28, 1930 (Address) 2624 St. Joseph

*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 Cemetery

DATE OF BURIAL July 27, 1930

20. UNDERTAKER

W. D. Clark

ADDRESS 5025 King Hill

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.

RECORD

