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.

MAY 21 1931

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

Do not use this space.

13514

1. PLACE OF DEATH
County Clark
Township
City Kahoka (No. ..... St. ..... Ward)
Registration District No. 190
Primary Registration District No. 4113
File No.
Registered No. 20

2. FULL NAME Theodore Carl Blum

(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 Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6. 1865

7. AGE YEARS 65 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Marshall an ~~Ex~~ Collector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 185
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Missouri

FATHER
13. NAME Jacob Blum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany - 10

MOTHER
15. MAIDEN NAME Catherine Wiegner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. John Blum Kahoka Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Kahoka Cem. DATE April 21 1931

19. UNDERTAKER (ADDRESS) Fred J Kaele Kahoka Mo.

20. FILED 4/20 1931 J R Budgis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 18 1931, to Apr 18, 1931
I last saw him alive on Apr 18, 1931. Death is said to have occurred on the date stated above, at 945 AM.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

94A

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. B. Dixon, M. D.
(Address) Kahoka Mo.