

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

Do not use this space.

36553

1. PLACE OF DEATH

County Schuyler
Township ~~Proctor~~
City Queencity Mo. (No.)

Registration District No. 806
Primary Registration District No. 4485

File No.
Registered No.
St. Ward

2. FULL NAME James M. Bland

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

Length of residence in city or town where death occurred 10 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 Male 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 Millie Bland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20th, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>0</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Mo.

PARENTS	10. NAME OF FATHER <u>Samuel Bland</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Huckebey</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>

14. INFORMANT Mrs Millie Bland Wife No. 2
(Address) QueenCity Mo.

15. FILE Feb-12-1931 J. A. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1st. 1931

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to Oct 11, 1931, that I last saw him alive on Oct 7, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Prostate
gland
510

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 510 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 13 - 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) O. P. Brown M.D.
, 19 (Address) Queen City 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 Gimtown Cemetery DATE OF BURIAL Oct 13 1931

20. UNDERTAKER Wm A West ADDRESS Queen City 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.

OCT 29 1931

