

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

Do not use this space.

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40427

1. PLACE OF DEATH

County Clark
Township Kahoka
City Kahoka (No. _____)

Registration District No. 199
Primary Registration District No. 4113

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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.

Godfrey Bloom

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19 1886</u>		
7: AGE	YEARS <u>45</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Welsh, Minn.</u>		
FATHER	13. NAME <u>Swan M. Bloom</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Jo Hanna Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Arthur R. Bloom, Minneapolis, Minn.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cannon Falls, Minn.</u> DATE <u>Dec. 26 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Gutting's Used, Kahoka, Mo.</u>		
20. FILED <u>12/27 31</u> <u>J. B. Bridges</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1931

22. I HEREBY CERTIFY That I attended deceased from 22 day of Dec 1931 to 22 day of Dec 1931. I last saw deceased alive on 22 day of Dec 1931. Death is said to have occurred on the date stated above, at Kahoka, Mo. The principal cause of death and related causes of importance were as follows:
22 day of Dec 1931
after all the experience
was heard the day
react was death
from apoplexy
Date of onset _____
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.
Henry Shea J. P.
Manner of injury Acting Coroner
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. Shea _____, M. D.
(Address) Kahoka, 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.

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