

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

Do not use this space.

1. PLACE OF DEATH

County Wain
Township Liberty
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 978
Primary Registration District No. 5008

File No. 3629
Registered No. _____

2. FULL NAME

Laura Emma Bloomer

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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 Dave Bloomer

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

Sept 18 1859

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>5</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(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) Tenn

10. NAME OF FATHER

Joe Clavin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER

Len Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

14.

INFORMANT _____
(Address) Norwinger Mo

15.

FILED 2/23 1932 W. C. Munn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1932

17. I HEREBY CERTIFY, That I attended deceased from 2/18 1932 to 2/21 1932
that I last saw her alive on 2/21 1932 and that death occurred, on the date stated above, at 9 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia,
107A
107a
duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Munn, M. D.

2/21 1932 (Address) Norwinger,

*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

Baden Cemetery

Feb 23 1932

20. UNDERTAKER

ADDRESS

Llewellyn Son

Norwinger 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.

MAR 21 1932

