

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.

NOV 23 1932

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

Do not use this space.

4554

4

1. PLACE OF DEATH
 48 County Jackson Registration District No. 298
 Township Blue Primary Registration District No. 5554
 City Independence (No. 531 So Hardy) St. 649 Ward

2. FULL NAME Maryta Irene Bluetman
 (a) Residence, No. 531 So Hardy 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) Hiawatha Kansas 2

13. NAME Ollie W. Bluetman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiawatha Kansas

15. MAIDEN NAME Mildred Millerbrack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiawatha Kansas

17. INFORMANT (ADDRESS) Ollie W. Bluetman 531 So Hardy

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha Kans DATE Feb. 9 - 1932

19. UNDERTAKER (ADDRESS) Galena Funeral Home Independence, Mo

20. FILED Feb 8 1932 F. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 11:25 1932, to 2:17 1932.
 I last saw her alive on 2-17 1932. Death is said to have occurred on the date stated above, at 12:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Double Lobar Pneumonia
Acute Myocarditis
108
150
 Other contributory causes of importance:
①
 Name of operation..... Date of.....
 What test confirmed diagnosis? Chemical Was there an autopsy? NO

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) Bluetman, M. D.
 (Address) 1030 7th Ave

