

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

Do not use this space.

13545

1. PLACE OF DEATH

87 County Polk Registration District No. 689
 Township Buffalo Primary Registration District No. 5917
 City Lansburg (No. 1) St. Ebenezer Sch Dist. Ward

File No.
 Registered No.

2. FULL NAME

Prisc Ruth Bloom
 (a) Residence, No. St. Ebenezer Sch Dist. Ward.

(Usual place of abode)
 Length of residence in city or town where death occurred 15 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 Ida Ruth Bloom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-12-72

7. AGE YEARS 60 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

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

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 April 22 32 11. Total time (years) spent in this occupation Week

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansburg Co Mo

13. NAME Ruth Bloom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Ellen Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Ida Ruth Bloom (ADDRESS) Lansburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Christ Church M & Co DATE 4/24

19. UNDERTAKER W. H. Buda (ADDRESS) Lansburg Mo

20. FILED 4/22 32 J. H. Kelly Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-32

22. I HEREBY CERTIFY. That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

This man hanged himself in his barn 9 miles West of Louisiana, Ind. a plain case of suicidal tendency. No autopsy necessary.

Other contributory causes of importance:

Name of operation 163 Date of 165

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) J. Guy Hetherington M. D. (Address) Lansburg 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.

MAY 31 1932

REPRODUCED FROM THE ORIGINAL RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

