

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

Do not use this space.

17663

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. City Hospital #1)

File No.
Registered No. 4603
St. Ward)

2. FULL NAME

John B Blatta
(a) Residence No. 2419A Cass St., 20 Ward.

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Blatta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21-1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>
	DAYS <u>15</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>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 1:00 p.m.

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

Acute Poisoning
self administered
at residence

Other contributory causes of importance:

163 Suicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? Manus room

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
at home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. J. [Signature] M.D.

(Address) [Address]

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	13. NAME <u>Thomas Blatta</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
	15. MAIDEN NAME <u>Frances Postal</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
FATHER	17. INFORMANT <u>Ida Blatta</u> (ADDRESS) <u>2419A Cass</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>May 12 1932</u>
19. UNDERTAKER <u>Bensiek Nechay</u> (ADDRESS) <u>1301 [Address]</u>	
20. FILED <u>MAY 11 1932</u> <u>May [Signature]</u> Registrar	

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