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.

AUG 22 1932

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

Do not use this space.

22024

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 696

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Robert Lee Bland

(a) Residence, No. 309 So. 17th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 1, 1870

7. AGE: YEARS 62 — MONTHS 1 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph Gas Co. 237
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Mo. 1

FATHER

13. NAME Martin M. Bland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper, Va. 2

MOTHER

15. MAIDEN NAME Mary Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayslick, Ky.

17. INFORMANT (ADDRESS) John Bland Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE July, 19, 1932

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED JUL 1 9 19 John R Bender 3 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 17, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 17, 1932

I last saw him alive on July 17, 1932 Death is said to have occurred on the date stated above, at 6.05 P.M.

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

Diabetes mellitus — Date of onset June 1 1930

57 59

Other contributory causes of importance: unknown

Name of operation no Date of

What test confirmed diagnosis? Laboratory 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? no

If so, specify

(Signed) M. D. Gray, M. D.

(Address) Kirkpatrick Bldg. St. Jospeh, Mo.