

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.

OCT 27 1932

Dr. W.

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

Do not use this space.

29836

1. PLACE OF DEATH
 67 County *Mississippi* Registration District No. *567*
 4 Township *St James* Primary Registration District No. *4834*
 3 City *East Prairie Mo.* (No. _____) St. _____ Ward _____

2. FULL NAME *Paul James Blessinger*
 (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)

File No. _____
 Registered No. *49*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 4 - 1921*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>11</i>	<i>8</i>	<i>28</i>	

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

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) *Lawrence, Ill*

FATHER 13. NAME *John Blessinger*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knox Co, Ind*

MOTHER 15. MAIDEN NAME *Calia May Sampson*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind*

17. INFORMANT (ADDRESS) *John Blessinger, East - Prairie, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dufflight* DATE *Sept. 29, 1932*

19. UNDERTAKER (ADDRESS) *Travis Shelby, East - Prairie Mo*

20. FILED *Sept 29, 1932* *Duffman, Dodge Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 29, 1932*

22. I HEREBY CERTIFY That I attended deceased from *Sept 25, 1932* to *Sept 29, 1932*
 I last saw h. in alive on *Sept 25, 1932*. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Dysphoid Fever Date of onset _____

Other contributory causes of importance: *(1)*

Name of operation _____ Date of _____
 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) *George W Whitaker*, M. D.
 (Address) *East Prairie Mo*

