

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

Do not use this space.

32559

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City Kansas City (No. Gen Hosp NOTT) St. _____ Ward) _____

File No. _____
Registered No. 4105
St. _____ Ward) _____

2. FULL NAME

Edward Bluffel
(a) Residence, No. 2405 Tracy apt E St. 4 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 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>Colored</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>Reda Mae Bluffel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>25</u>	MONTHS	DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>245</u>		
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) <u>Alexandria La</u>		
13. NAME <u>Thos. Bluffel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexandria La</u>		
15. MAIDEN NAME <u>Ida Jones</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexandria La</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk, Gen Hosp #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>11-5-32</u>		
19. UNDERTAKER (ADDRESS) <u>H. B. Moore</u> <u>1620 E 18th</u>		
20. FILED <u>11-3-32</u> M. M. Crowe Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-32

22. I HEREBY CERTIFY That I attended deceased from Oct 23, 1932 to Oct 31, 1932

I last saw him alive on Oct 31, 1932 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of onset 12/15/21

Other contributory causes of importance:
Peritonitis (generalized)

Name of operation Appendectomy Date of 2-5-32

What test confirmed diagnosis? W.P. Lab 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) W. M. Miller, M. D.
(Address) Gen Hosp NOTT

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.

