MAR 6 1933

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

Do not use this space.

4499

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: [illegible] (No. ..., ... St. ... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 20

2. FULL NAME: Louiza Blaich
(a) Residence, No. St Hosp # 3 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Owned

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julius Blaich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D.K. 1851

7. AGE: Years 82 | Months – | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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): Germany

FATHER
13. NAME: Carts Debarty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Helen Schulein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp record

18. BURIAL, CREMATION, OR REMOVAL
PL. Hospital Cemet DATE 1-18-1933

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada Mo

20. FILED 2-3-1933 E. R. King Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 16 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Jan 16, 1933
I last saw h— alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 3:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/12/33
MD R	
92 L	
10 R	
77	

Other contributory causes of importance:
Chronic myocarditis
General arteriosclerosis

Name of operation: Date of
What test confirmed diagnosis? Clinical 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) F. L. Martin, M. D.
(Address) Nevada Mo

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.

MARGIN RESERVED FOR BINDING

S. C. No. 2