

1933
FEB 2
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.

MAR 2 1933

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

Do not use this space.

6507

1. PLACE OF DEATH
County Mercer Registration District No. 553
Township Marion Primary Registration District No. 5746
City (No) St. (No) Ward (No)

2. FULL NAME Dreva Ruth Bloom

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 (No)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1931

7. AGE YEARS 1 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (No)

10. Date deceased last worked at this occupation (month and year) (No) 11. Total time (years) spent in this occupation (No)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Everett Bloom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Elta Richford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. D. B. Bloom
Mercer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mercer Mo DATE 7/6 19. 1933

19. UNDERTAKER (ADDRESS) P. O. D. Greener
Marion Mo

20. FILED 7/6 19. 33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 to Feb 3 1933
I last saw him alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset Feb 20

Catarrhal Pneumonia

Other contributory causes of importance: Also Colitis

Name of operation 119 Date of (No)

What test confirmed diagnosis? (No) Was there an autopsy? (No)

23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide? (No) Date of injury (No)
Where did injury occur? (No) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (No)

Nature of injury (No)

24. Was disease or injury in any way related to occupation of deceased? (No)
If so, specify (No)
(Signed) C. E. Roush M. D.
(Address) Marion Mo

