

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

Do not use this space.

38912

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Center Primary Registration District No. 3039
City Newada (No. _____) St. _____ Ward _____

File No. _____

Registered No. 944

2. FULL NAME

Arthur Bluck
(a) Residence, No. 620 No. Ash St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 54 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lora Bluck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>78</u>	<u>6</u>	<u>21</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Employee
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

13. NAME William Bluck

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Lora Bluck 507 Marion St. Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wetborn Cemetery 11-23-1933

19. UNDERTAKER (ADDRESS) John E. Myers Meriden, Mo.

20. FILED 11-24-1933 E. P. King Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-18-33 to 11-18-33

I last saw him alive on 11-18-33 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

do not know how long he was ill - perhaps a long time - cause of death Bright's disease + Valvular Heart

Other contributory causes of importance:

92A 132A
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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) J. T. Harwick, M. D.
(Address) Kevada 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.

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