

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

Do not use this space.

1. PLACE OF DEATH
 County New Madrid Co Registration District No. 367
 Township St. Louis Primary Registration District No. 5803
 City St. Louis No. _____ St. _____ Ward _____

2. FULL NAME John Lewis Blesinger
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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.

File No. 9814
 Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary Blesinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1878
 7. AGE YEARS 55 MONTHS 11 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16 1934
 22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1934, to Mch 16, 1934
 I last saw him alive on Feb 15, 1934 Death is said to have occurred on the date stated above, 10A m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____
 Other contributory causes of importance: _____

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. former
 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) Indiana
 13. NAME James Blesinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Nell Grentree
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) Mary Blesinger
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fullbright DATE 3/7 1934
 19. UNDERTAKER (ADDRESS) East Prairie
 20. FILED 3-14 1934 W. J. Hodges Registrar.

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 See W. Whitaker, M. D.
 (Signed) _____ (Address) East Prairie Mo

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.

Dr W

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