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.

APR 25 1934

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

Do not use this space.

11730

1. PLACE OF DEATH
County Washington — Registration District No. 1080 — File No. 162
Township Walton — Primary Registration District No. 6180 — Registered No. 162
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry Blount

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1849

7. AGE 85 YEARS | 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. Farmer
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) Wash. Co.

FATHER
13. NAME Yarrey Blount
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

MOTHER
15. MAIDEN NAME Charity Blount
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

17. INFORMANT (ADDRESS) Allen Mathis

18. BURIAL, CREMATION, OR REMOVAL Shirley Mo
PLACE Lost Creek Cem DATE 3/16 1934

19. UNDERTAKER (ADDRESS) J B Bayer & Son Potosi Mo

20. FILED March 14 1934 J S Hill Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15 1934

22. I HEREBY CERTIFY, That I attended deceased from No Medical Attendance, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
From Symptoms	1 [illegible]
Pneumonia	87 [illegible]

Other contributory causes of importance: Mental Deterioration

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 .....
(Signed) [illegible] Health Officer, M. D.
(Address) Potosi Mo