

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

Do not use this space.

**1. PLACE OF DEATH**

County Macou  
Township Loda  
City Atlanta Mo

Registration District No. 529  
Primary Registration District No. 5700  
4318

File No. 25419  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mark Mills Bloom

(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 3 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 - 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>4</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.R. Section foreman

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) 7-14-1934 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Thos Bloom

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

15. MAIDEN NAME Katherine Choyet

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

17. INFORMANT Mrs Alice Bloom (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coine Lodge DATE 7-16-34

19. UNDERTAKER Funeral Home (ADDRESS) Atlanta Mo

20. FILED Aug 6 1934 A.L. Campbell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at about 2 a.m.

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

Inquest  
filled by being hit by train at Atlanta Mo on July 15 - June

Other contributory causes of importance: \_\_\_\_\_

Name of operation 207M Date of \_\_\_\_\_  
207

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 \_\_\_\_\_

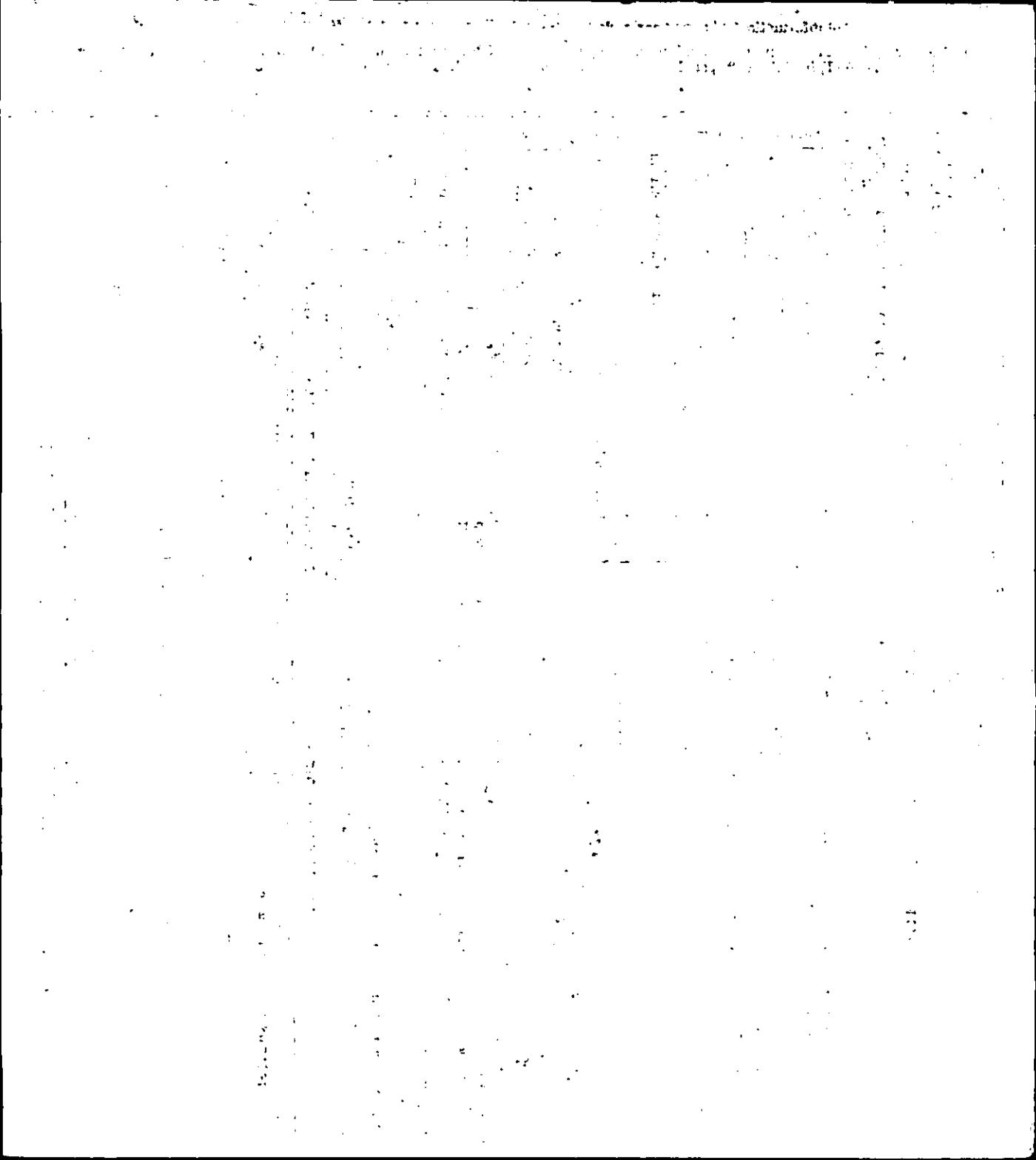
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W.H. Groves \_\_\_\_\_ M. D.  
(Address) Edmer 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.

AUG 14 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Macon

Registration District No. 526

Township .....

Primary Registration District No. 4312

City .....

File No. 25419

Registered No. ....

**2. FULL NAME**

Mark Mells Bloom

(a) Residence, No. .... St. .... Ward. ....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 4 7

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) .....

13. NAME .....

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

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS) .....

20. FILED Aug 6 1934 A. P. Cambor Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... Death is said to have occurred on the ... stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Infarct - killed by train Date of onset .....

Other contributory causes of importance: .....

Name of operation .....

23. If death was due to external cause (accident, violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? In Atlanta Ga (Specify city or town, county, and State) On Highway R.R. right of way Manner of injury Train ran over by crossing Nature of injury Complete dismemberment of body

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Gosh M. D.

(Address) Corner ...

**SUPPLEMENTARY**

**207**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

of the railroad Co. as section foreman at the time of his death. But he was killed some time between mid-night and 3 o'clock. He had been over to a speaking in the country until mid-night. Came home and was getting ready to start fishing at 3 o'clock a.m. His family did not know that he had gone to the tool house near the Depot, but when they began to look for him that was where he was found. ON the railroad track near the tool house.

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