

OCT 12 1934

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

Do not use this space.

33734

1. PLACE OF DEATH

County Pike
Township Quincy
City Bowling Green

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 30 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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)

Edward Eugene Florence

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 X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1934

7. AGE YEARS 2 2/3 MONTHS 29 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

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) Bowling Green Mo

13. NAME Arthur Florence

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

15. MAIDEN NAME Blanchie Moore

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

17. INFORMANT (ADDRESS) Mrs. Arthur Florence Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL Bowling Green, Mo - DATE 9-21-34

19. UNDERTAKER (ADDRESS) Grace Banfield Bowling Green Mo

20. FILED 10/10/34 1934 W. H. Blumhardt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/20/34, 1934 to 9/20/34, 1934. I last saw him alive on 9/20/34, 1934. 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:

Acute Dyscolitis Date of onset 9/19/34
119B

Other contributory causes of importance: 119B

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 _____, 1934.
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. Blumhardt, M. D.
(Address) 9/20/34

WRITE CLEARLY, 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.

