

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.

JAN 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County Cristiana Registration District No. 185
Township London Primary Registration District No. 5-25-9
City Raymond, Ark. St. _____ Ward _____

File No. 35525

Registered No. _____

2. FULL NAME Annie Bloomer

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Bloomer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28 - 1871</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	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) <u>Mo.</u>				
MOTHER FATHER	13. NAME <u>Elias Roller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	15. MAIDEN NAME <u>Rebecca Rabnet</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>				
17. INFORMANT <u>Mary Bloomer</u> (ADDRESS) <u>Raymond, Ark.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roller Country</u> DATE <u>Oct 3 1934</u>				
19. UNDERTAKER <u>B. C. Klepper</u> (ADDRESS) <u>Ozark, Mo.</u>				
20. FILED <u>1-9</u> 19 <u>35</u> <u>Josephine Merritt</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to Oct 2, 1934
I last saw her alive on Oct 2, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Cardiovascular disease
Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? urinal Was there an autopsy? No

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? No
If so, specify _____
(Signed) R. R. Farthing, M. D.
(Address) Ozark, Mo.

