

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

Do not use this space.

JAN 14 1935

42041

1. PLACE OF DEATH

County Buchanan Registration District No. 35
 Township _____ Primary Registration District No. 35
 City St. Joseph (No. Missouri Methodist Hospital St. _____ Ward _____)

File No. _____
 Registered No. 1377

2. FULL NAME

John J. Blunt
 (a) Residence, No. 801 No. 2nd St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 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 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 Frances Blunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of Street

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Maintenance of Lines Dept.

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholas Co. Ky.

FATHER 13. NAME William H. Blunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholas Co. Ky.

MOTHER 15. MAIDEN NAME Margaret J. Craycraft

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholas Co. Ky.

17. INFORMANT Mrs. Frances Blunt
 (ADDRESS) 801 No. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park Cemetery DATE Dec. 18, 1934

19. UNDERTAKER Walter Maierhoff
 (ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 12-17 1934 John R. Butler
 Registrar

5 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 15, 1934
 I last saw him alive on Dec 15, 1934 Death is said to have occurred on the date stated above, at 9.30m. P.M.
 The principal cause of death and related causes of importance were as follows:

Uremia ⁵⁸
131 ^{Nov 23-30}
Chronic Nephritis (Brunner's)
97

Other contributory causes of importance:
Neph. chr. art. sclerotic
Arterio Scler. Gen.
Diabetes Mellitus
Prostatic obstruction
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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) P. H. H. H., M. D.
 (Address) Kirkpatrick Bldg. St. Joseph, 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.

WRITE PLAINLY, WITH SUFFICIENT SPACING TO BE READ BY MACHINE.

