JAN 15 1935

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

Do not use this space.

42292

1. PLACE OF DEATH
County Cedar Registration District No. 163
Township Cedar Primary Registration District No. 5232
City (No. , St. Ward)
File No.
Registered No. 87

2. FULL NAME James W. Bland
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22-186[illegible]
7. AGE: Years 73 | Months 9 | Days 5 | 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): Mo

FATHER
13. NAME Daniel Bland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

MOTHER
15. MAIDEN NAME Mary Capps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

17. INFORMANT (ADDRESS) John Bland Eldorado Springs Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Love (Cem) DATE 1/27 1935
19. UNDERTAKER (ADDRESS) Gwinn-Sides Eldorado Springs Mo
20. FILED 1/26 1935 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov-1 1932, to Dec. 27 1934
I last saw him alive on Dec 20 1934 Death is said to have occurred on the date stated above, at [illegible] a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	
131	

Other contributory causes of importance:

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) H. G. Linsell, M. D.
(Address) Stockton 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.