

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.

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

Do not use this space.

JAN 8 1935

42572

1. PLACE OF DEATH

County Lapeere  
Township Boulware  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 307  
Primary Registration District No. 5425

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

2. FULL NAME

Charles Blinne

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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. Caroline Blinne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3 - 10 - 1850</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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>Bay mo</u>	
FATHER	13. NAME <u>Charles Blinne</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Henrietta Schroeder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Clarence Blinne</u> (ADDRESS) <u>Quincyville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>near M.E. Cemetery</u> DATE <u>12-27-34</u>		
19. UNDERTAKER <u>W.F. Gottlieb</u> (ADDRESS) <u>Quincyville Mo</u>		
20. FILED <u>Dec-26</u> , 1934 <u>Mrs. F.B. Meyer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30th, 1934, to Dec. 24th, 1934  
I last saw him alive on Dec. 23rd, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Date of onset 2 days  
Other contributory causes of importance:  
Arteriosclerosis  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis clinical signs 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? \_\_\_\_\_  
If so, specify E. L. Rhodius, M. D.  
(Signed) Bay Mo.  
(Address) \_\_\_\_\_

