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.

100M-11-24-33

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

Do not use this space.

43261

File No. 5648

Registered No.

1. PLACE OF DEATH JAN 18 1935

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1002

City KC Mo (No. 4111 Chestnut St. Ward)

2. FULL NAME Robert Forest Earlblute

(a) Residence, No. 4111 Chestnut St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 1934

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) KC Mo

FATHER

13. NAME Harry Lee Edelblute

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kc Mo

MOTHER

15. MAIDEN NAME Lillian Letitia Reams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kc Mo

17. INFORMANT (ADDRESS) Harry L. Earlblute 4111 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE 12-31 1934

19. UNDERTAKER (ADDRESS) Family

20. FILED 12-31 19 M M Crane asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934, to Dec 30, 1934

I last saw him alive on Dec 30, 1934. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

Premature birth

15

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. Diagn. 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

(Signed) J J Davis M. D.

(Address) 907 Waldheim Blo