

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 2 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4140

1. PLACE OF DEATH

County Wagoner Registration District No. 875
Township Washington Primary Registration District No. 6162
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Bloodworth
(a) Residence, No. 414 Hospital #3 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 21 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 Sarah Bloodworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852-Oct-16

7. AGE YEARS 82 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm & Gen. labor

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.

13. NAME Joe Bloodworth

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

15. MAIDEN NAME Alpha Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Lawville Bloodworth Hartsville Mo.

18. BURIAL, CREMATION, OR REMOVAL Ball Room Cem. 1-6-35

19. UNDERTAKER (ADDRESS) Ferry General Home Wood, Mo.

20. FILED Jan. 6 1935 M. A. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 14, 1934, to Jan 4, 1935

I last saw him alive on Jan 4, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Arteriosclerosis Date of onset ?
1070
Other contributory causes of importance: Broncho pneumonia 1 wk.

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) J. J. O'Neil, M. D.

(Address) Wood, Mo.

