

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.

JUN 3 1935

13878

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. _____ St. _____ Ward _____)

Registration District No. 669
Primary Registration District No. HH01

File No. _____
Registered No. 10

2. FULL NAME

(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 20 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) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1850
7. AGE YEARS 84 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 20 11. Total time (years) spent in this occupation 14 1/2

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pyramont
Illinois
13. NAME Henry G. Bluhm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Eleanor Rohrs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Curtis Bluhm
(ADDRESS) Smithton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton DATE Apr 29 1935
19. UNDERTAKER A. F. Vermeulen
(ADDRESS) Smithton Mo
20. FILED H-29 1935 Mrs. J. C. Warner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-35

I HEREBY CERTIFY that I attended deceased from Jan. 34 to Apr 27, 1935.
I last saw him alive on Apr 16, 1935. Death is said to have occurred on the date stated above, at 6 1/2 a.m.

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

Chronic Myocarditis

Other contributory causes of importance:

Acute cystitis

Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms 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) E. E. Holtz, M. D.
(Address) Smithton Mo

