

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

Do not use this space.

SEP 16 1935

791

25148

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No. of household in which death occurred) *1709 Market St.*

File No.

Registered No.

St.

7033

Ward)

2. FULL NAME

(a) Residence, No. *Unknown* St. *X* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Unk*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *Ab. 65*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unk*
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)

13. NAME *Unk*

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

15. MAIDEN NAME

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

17. INFORMANT *Funeral Office* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Putlers Field* DATE *Aug 20 1935*

19. UNDERTAKER *Puty Bros* (ADDRESS) *5029 Locust*

20. FILED *AUG 19 1935* REGISTRAR *J. Bredek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16 1935*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at *12:30 P.M.*

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

Coronary Arteriosclerosis

Other contributory causes of importance: *930*

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) *Harold P. Blum* M.D.

(Address) *17135*

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.

1880