

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

Do not use this space.

39346

JAN 16 1936

1. PLACE OF DEATH

County Harrison

Registration District No. 334

Township Bethany

Primary Registration District No. 4197

City Bethany (No. _____)

File No. _____
Registered No. 406
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 730 W. 29th St. Ward. St. Joseph, Mo
(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>Louise Blockwell</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7, 1880</u> | | |
| 7. AGE YEARS <u>55</u> | MONTHS <u>2</u> | DAYS <u>28</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shopleigh Hardware</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Dec. 9, 1935</u> | | |
| 11. Total time (years) spent in this occupation <u>24</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u> | | |
| 13. NAME <u>George W. Blockwell</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown England</u> | | |
| 15. MAIDEN NAME <u>Dolly Poulens</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans Louisiana</u> | | |
| 17. INFORMANT (ADDRESS) <u>Louise Blockwell 703 N. 23rd St. St. Joseph, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. J. Schindler 1802 Union St. St. Joseph, Mo</u> | | |
| 20. FILED <u>Dec 7 1935</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1935

22. I HEREBY CERTIFY that I attended deceased from viewed the body 19____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 am.
The principal cause of death and related causes of importance were as follows:
acute alcoholism
cirrhosis of liver,
marked

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) James P. Regan, Coroner
(Address) St. Joseph, Mo

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.

