FEB 11 1936

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

Do not use this space.

3731

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 981

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. City Hosp #1 St. ..... Ward)

A 16020

2. FULL NAME Floyd Blowman

(a) Residence, No. 905 St., Market Ward. 25
(Usual place of abode) (If nonresident, give city or town and State)

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 M

4. COLOR OR RACE W

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) July 16 1881

7. AGE YEARS 54 MONTHS 5 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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) Iowa

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Hosp Inf M Kirby City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis U DATE 1-22 1936

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St.

20. FILED JAN 27 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1936 to 1/13, 1936.

I last saw him alive on 1/13 1936 Death is said to have occurred on the date stated above, at 12 20 m.

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

Hemorrhage, Nasal — Date of onset 1-5-36

due to Hypertension

non Traumatic

Other contributory causes of importance:

Hypertention

Secondary Anemia

103a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) N. H. Battles, M. D.

(Address) City Hosp #1

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.