

MAY 21 1936

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

Do not use this space.

15032

1. PLACE OF DEATH

County Jackson Registration District No. 996 File No. _____
Township Fort Osage Primary Registration District No. 6057 Registered No. 9
City Buckner (No. _____) St. _____ Ward _____

2. FULL NAME

Alice Iola Blom

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~WIDOWED~~ (OR) WIFE OF Henry Blom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Sni Mills Missouri

13. NAME John W. Carmean

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

15. MAIDEN NAME Emily Long

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

17. INFORMANT Henry Blom
(ADDRESS) Buckner

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cemetery 4/28/36

19. UNDERTAKER Vernon M. Reppert
(ADDRESS) Buckner, Missouri

20. FILED 5-16 1936 N. A. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/36 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1936 to April 25, 1936
I last saw h. or alive on April 24, 1936 Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance were as follows:

Heart Block Date of onset 4/25/36
666
Hypertension
Myocardial infarction

Name of operation _____ 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 _____ M. D.

(Signed) George T. Johnson (Address) Independence 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.

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