

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.

MAY 19 1936

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

Do not use this space.

15301

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Russ Primary Registration District No. 1002
 City Kansas City (No. Trinity Lutheran Hosp St. 2018 Ward 2018)

2. FULL NAME Charles Nelson Blyholder
 (a) Residence, No. 1005 Welch St. Ward. _____
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Bella Blyholder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1, 1869</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>H. D. Lee Merc. Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 1936</u>	11. Total time (years) spent in this occupation <u>18 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria</u>		
FATHER	13. NAME <u>Amos B. Blyholder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Reggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. Eugie Wass</u> (ADDRESS) <u>Sandwich, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymore, Mo.</u> DATE <u>4/17</u> 19 <u>36</u>		
19. UNDERTAKER <u>C. H. Geyer & Sons</u> (ADDRESS) <u>Bellvue, Mo.</u>		
20. FILED <u>Apr 16, 1936</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr-4th, 1936, to April 15, 1936
 I last saw him alive on Apr 15, 1936 Death is said to have occurred on the date stated above, at 12:30 pm.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
gangrene of foot
Infection right leg
 Date of onset 18 days
 Other contributory causes of importance _____
 Name of operation Amputation of Right Leg Date of Apr 15, 1936
 What test confirmed diagnosis? Classical Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Carl H. Brust M. D.
 (Address) 106 W 14th & 12th St. Kansas City, Mo.

