

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 4 1936

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

Do not use this space.

33980-2

1. PLACE OF DEATH

County Stoddard
Township Rich
City London

Registration District No. 896
Primary Registration District No. 6100

File No. 51
Registered No. 51

2. FULL NAME

Louise Agnes Blunt

(a) Residence, No. _____ St., _____ 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-27-1936</u> | | |
| 7. AGE YEARS <u>0</u> | MONTHS <u>0</u> | DAYS <u>0</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>None</u> | | |
| 11. Total time (years) spent in this occupation <u>None</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Essay, Mo.</u> | | |
| 13. NAME <u>Louise Agnes Blunt</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Essay, Mo.</u> | | |
| 15. MAIDEN NAME <u>None</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advance, Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Thomas L. Blunt</u> | | |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>Springwood</u> DATE <u>8-27-36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>None</u> | | |
| 20. FILED <u>8-28-36</u> 19 <u>36</u> <u>Blanche Keller</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on 8-27-36, 19____. Death is said to have occurred on the date stated above, at 3 P. m.

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

Other contributory causes of importance:
Lung Tuberculosis
Toxin 'Podalic' Bury

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? no 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 _____

(Signed) J. P. Brand, M. D.
(Address) Essay, Mo.

Date of onset
8/27

